

Irene-Wakonda Summer Rec Baseball/Softball Registration

Registration and **MONEY** are due March 4th, the night of signup at the gym. If you have questions please contact Stephanie Ganschow at stephanie.ganschow@k12.sd.us or 605-670-0820. Make checks payable to: **IW SUMMER REC.** You can mail your form to Stephanie Ganschow 44928 301st St. Volin, SD 57072

Child's Name: _____
Date of Birth _____ / _____ / _____ Current Grade: _____
Parent/Guardian Name: _____
Mailing address: _____
City, State, Zip: _____
Mom Cell Phone: _____ Dad Cell Phone: _____

Boys Baseball

_____ **T-Ball** (boys and girls age 4-6) **\$30**
Age as of January 1, 2024 _____
Shirt Size _____

_____ **Pee Wee** (boys age 7-8) **\$30**
Age as of January 1, 2024 _____
Shirt Size _____

_____ **Little League 9/10** (boys age 9-10) **\$40**
Age as of January 1, 2024 _____

_____ **Little League 11/12** (boys age 11-12) **\$40**
Age as of January 1, 2024 _____

_____ **Baseball Hat \$15**
(not included in registration fee)

_____ Yes, I'm interested in coaching.
Contact Name: _____

_____ Yes, I'm interested in umping.
Contact Name: _____
Contact Number: _____

Girls Softball

_____ **8 & under** (girls age 6-8) **\$30**
Age as of December 31, 2023 _____
Shirt Size _____

_____ **10 & under** (girls age 9-10) **\$30**
Age as of December 31, 2023 _____

_____ **12 & under** (girls age 11-12) **\$40**
Age as of December 31, 2023 _____

_____ **14 & under** (girls 13-14) **\$40**
Age as of December 31, 2023 _____

Contact Number: _____

Irene -Wakonda Summer Recreation Association, is making recreational activities available for the participation of your child, assumes NO responsibility for injury. The responsibility for injury is assumed entirely by the participant and/or the parent or guardian. Participants in recreational activities are NOT covered by any special insurance coverage: therefore, participants should have their own adequate insurance coverage. I also give my permission to IW Summer Recreation Associates or their representatives to obtain medical treatment by any qualified doctor, paramedic or hospital in the event I am not available and medical treatment is required. Accidental insurance is available upon request at additional cost to be paid by the participant. I ACCEPT RESPONSIBILITY AS STATED ABOVE.

Guardian/Parent

PRINTED NAME: _____ **SIGNATURE:** _____