### **Registration Deadline**

Friday, January 27th

#### **Scout Day**

Saturday, February 18th

Register online at www.whitesboro.org/ pard

# Whitesboro P.A.R.D. Youth Baseball/Softball

2023 Registration Fees				
T-Ball (Co-ed)	\$80			
8U, 10U, 12U Baseball/Softball	\$100			
14U Baseball/Softball	\$120			
<u>Discounts</u>				

2 Siblings Registered = \$5 off total amount 3 Siblings Registered = \$10 off total amount

Late Registration Fee: \$10/Child (Taken only in cases of shortages on rosters.)

Office Use Only Date Receipt # Birthdate Verified Scholarship Y Initials



Please bring the following to PARD located at 400 Wilson Street, Whitesboro, TX 76273 or mail to PARD at P.O. Box 340, Whitesboro, TX 76273 (Do not send forms to school!):

- **Completed** Registration Form
- Fee (Cash or Checks Only make checks payable to PARD)
- Copy of Birth Certificate \*\*ALL participants must now turn in a birth certificate for EACH sport registration. Call PARD at 903-564-5964 to ask about Scholarships and Paym

ent Plans if needed. No scholarships will be given after the deadline. No exceptions! All late registrations will require the full fee plus a \$10 late fee.

### **PLAYER INFORMATION**

Baseball League Age Division: *Baseball age determined by age as of April 30 <sup>th</sup> *	Softball League Age Division:  **Softball age determined by age as of January 1 <sup>st</sup> **
□ Co-ed 6 & Under (T-Ball)	
□ 8 & Under Baseball (Coach Pitch)	□ 8 & Under Softball (Coach Pitch)
□ 10 & Under Baseball	□ 10 & Under Softball
□ 12 & Under Baseball	□ 12 & Under Softball
□ 14 & Under Baseball	□ 14 & Under Softball

Jersey Size:		
□ Youth Small (6-8)		
□ Youth Medium (10-12)		
□ Youth Large (14-16)		
□ Adult Small		
□ Adult Medium		
□ Adult Large		
□ Adult XL		
*Youth ierseys run small		

## Incomplete Forms will not be accepted - Player's full name required & must match Birth Certificate

Player's LAST NAME	FIRST	N	IIDDLE	
Address	City	Zip	Male/Female	
Date of Birth	School		Age	
Mother/Guardian Name	Mother/Guardian Phone			
Father/Guardian Name	Father/Guardian Phone			
Mother's Occupation	Father's Occupation			
Medical Problems of Player				
Doctor to Notify in Emergency	Phone			
Emergency Contact (Not Parents)	Phone			

Liability Waiver and Consent for Medical Treatment

Signature of Parent/Guardian

I, hereby give my approval for the above-named to participate in the PARD Youth Sports Program. I assume all risk and do hereby waive, release and agree not to hold the City of Whitesboro, the PARD, the organizers, sponsors, supervisors, participants, and persons transporting my child responsible for any injury that may be incurred while participating in the program. As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent. I do hereby fully and freely consent to the use of the participant's photo for promotional purposes on both printed materials and websites. I do hereby release and hold harmless the City of Whitesboro from a liability arising out of said participant's photo in a publication, advertisement, and/or promotion. The danger of exposure to upper respiratory illness exists. By participating in recreational sports, you take full responsibility for your own protection, for the risk that you or someone in your family may contract an upper respiratory infection or other illness. Please do not use the facilities or participate in team events if you or a member of your family has been sick.

Date

	Interested in being a Head Coach?		
	YES	NO	
Name			
Phone			

*Sibling playing in <u>same</u> Age Division (Name/Age Division):	-