

Irene-Wakonda Summer Recreation Baseball/Softball Registration

Registration and MONEY are due by March 8, 2021. If you have questions please contact Stephanie Ganschow at stephanie.ganschow@k12.sd.us or 605-670-0820. Please mail payment to Stephanie Ganschow 44928 301st St. Volin SD 57072 Make checks payable to: **IW SUMMER REC.**

Child's Name: _____ Date of Birth _____ / _____ / _____

Circle one: Boy or Girl

Current Grade: _____

Mom Name: _____ Dad Name: _____

Mailing address: _____

City, State, Zip: _____ Home Phone: _____

Mom Cell Phone: _____ Dad Cell Phone: _____

Boys Baseball

Girls Softball

_____ T-Ball (boys and girls age 4-6) \$25

Age as of January 1, 2021

Shirt Size _____

_____ Pee Wee (boys age 7-8) \$25

Age as of January 1, 2021

Shirt Size _____

_____ Little League 9/10 (boys age 9-10) \$30

Age as of January 1, 2021

Shirt Size _____

_____ Little League 11/12 (boys age 11-12) \$30

Age as of January 1, 2021

Shirt Size _____

_____ Baseball Hat \$5

(not included in registration fee)

_____ Yes, I'm interested in coaching.

Contact name: _____

Contact Number: _____

_____ 8 & under (girls age 6-8) \$25

Age as of December 31, 2020

Shirt Size _____

_____ 10 & under (girls age 9-10) \$25

Age as of December 31, 2020

Shirt Size _____

_____ 12 & under (girls age 11-12) \$30

Age as of December 31, 2020

Shirt Size _____

_____ 14 & under (girls 13-14) \$30

Age as of December 31, 2020

Shirt Size _____

_____ 16 & under (girls 15-16) \$30

Age as of December 31, 2020

Shirt Size _____

_____ 18 & under (girls 15-18) \$30

Age as of December 31, 2020

Shirt Size _____

Irene -Wakonda Summer Receptions Association, in 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: _____