



CITY OF EVANSVILLE

Youth Baseball Registration

CITY OF EVANSVILLE PARK & RECREATION DEPARTMENT
31 S. Madison St, PO Box 529, Evansville, WI 53536

Deadline-Please return by Friday, April 26th 2024

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name(s):	Parent/Guardian Email:
	Parent/Guardian Phone Number:
Primary Address:	Preferred method of communication: Email Text
Emergency Contact (if different from above):	Emergency Contact Phone:
	Emergency Contact Email:

ARE YOU WILLING TO HELP COACH YOUR CHILD'S TEAM?

YES, I would love to help Co-Coach	No, I cannot commit at this time
Name of Coach:	Phone Number(s):
League to Coach:	Email:

****Volunteer's must complete required background check on reverse side of this form.**

PLAYER #1 INFORMATION		PLAYER #2 INFORMATION		PLAYER #3 INFORMATION	
Name (Child #1):		Name (Child #2):		Name (Child #3):	
Age (Child #1):		Age (Child #2):		Age (Child #3):	
League Preference:		League Preference:		League Preference:	
T-Ball	American	T-Ball	American	T-Ball	American
Resident \$20.00	Resident \$30.00	Resident \$20.00	Resident \$30.00	Resident \$20.00	Resident \$30.00
Nonresident \$25.00	Nonresident \$35.00	Nonresident \$25.00	Nonresident \$35.00	Nonresident \$25.00	Nonresident \$35.00

***Nonresident refers to anyone living outside city limits, regardless of school district**

T-Shirt Size:				T-Shirt Size:				T-Shirt Size:			
YS	YM	YL	YXL	YS	YM	YL	YXL	YS	YM	YL	YXL

If your child is more or less experienced, you may register them for the league you feel is most appropriate. Player's age shall be indicated on this form as of June 1st this year. Children under the age of 4 will not be permitted to play.

INDEMNIFICATION / HOLD HARMLESS CERTIFICATION & MEDIA RELEASE AGREEMENT

I/we the parent(s) or guardian(s) of _____ shall indemnify and hold harmless the City of Evansville against all claims, actions, proceedings, damages and liabilities, including reasonable attorney's fees, arising from or connected with my/our child's participation in the baseball program, including, but not limited to, any acts or omissions of the City of Evansville and its employees, agents, representatives and any other person doing business with the City of Evansville. I/we further give permission for City of Evansville and any and all employees and/or agents of City of Evansville, the right and permission to use and/or publish photographs of my child for promotional purposes including but not limited to, advertising, publicity, commercial or display of use. Also authorize my child's photos to be printed in news outlets, social media, such as Facebook, and the office's website page.

Parent/Guardian signature: _____ Date: _____



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Background Check

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Please print legibly. All information is required.

LEGAL NAME:			DATE OF BIRTH:		
Firs	Middle	Last			
ADDRESS:			PHONE:		
CITY:	STATE:	ZIP:	GENDER:	Male	Female
EMAIL ADDRESS:		SHIRT SIZE: (CIRCLE ONE) S M L XL 2XL			
Driver's License No.:		Issuing State:			
HOW LONG HAVE YOU LIVED AT ABOVE		Former Name(s):			
Prior Street Address if Above Address is Less Than 5 Years State Zip From To		City	State	Zip	From
Have you previously coached youth?			Yes	No	
Which level of coaching interests you most?(Circle One) Head Coach Assistant Coach CO-Coach					
Name of Coach to be paired with:					
ARREST AND CONVICTION RECORD (Anywhere within the United States of America).					
Have you ever been cited and/or convicted of a felony?			Yes	No	
Have you ever been cited and/or convicted of a misdemeanor?			Yes	No	
Have you ever been cited and/or convicted of a crime involving a minor (including a deferred imposition of sentence)?			Yes	No	
Are there any charges pending against you currently?			Yes	No	
For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.					
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE		MONTH/YEAR		CITY	STATE
<p>AS A CONDITION OF VOLUNTEERING, I give permission for the City of Evansville to conduct background check(s) on me now and as long as I continue to be active with the program, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the City of Evansville receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the City, all its affiliated baseball entities, the officers, employees, and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, City of Evansville is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles. I understand that The City and its affiliated entities will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation, or disability.</p>					
SIGNATURE:			DATE:		
Police Department Recommendation and Comments:					
Approved: _____		Denied: _____			
Police Chief's Signature		Date			