

Stallions Baseball Mission Statement

TO MAINTAIN A VERY HIGHLY COMPETITIVE, TRAVELING BASEBALL TEAM CONDUCTING ITSELF HONORABLY WITHIN THE GOOD IMAGE, ETHICS AND CHARACTER OF THE COMMUNITY IT REPRESENTS SO THAT ALL WHO PLAY, COACH, GOVERN AND SPECTATE REFLECT AND EMBODY THE VALUES, PRINCIPLES AND JOY OF BASEBALL THROUGH THEIR HARDWORK, HUSTLE AND COMMITMENT.

STALLIONS BASEBALL REGISTRATION 2020

Name _____ Age on April 30, 2020 _____

Birthdate _____

Phone: Home. _____; Cell _____; Work _____

(Please circle preferred phone number)

Email _____; alt. email _____

Full Mailing Address _____

Parent/Guardian Information Parent/Guardian #1

Name: _____ Phone: _____

Email: _____

Parent/Guardian Information Parent/Guardian #2

Name: _____ Phone: _____

Email: _____

Medical Information Emergency contact: _____

Relationship to player: _____ Phone: _____

Insurance carrier: _____ Phone: _____

School Attending: _____

Jersey Size Requested: Youth – S M L Adult - S M L XL XXL XXXL

Jersey # Option 1 _____

Jersey # Option 2 _____

Jersey # Option 3 _____

Other Leagues Participating in:

Antigo Little League Antigo Babe Ruth Langlade County League

Antigo Legion Antigo High School Baseball

Player/Parent Agreement

___ **I/We** understand that the Stallions teams will have predetermined roster sizes and that participation and playing time is not guaranteed and may not be equal among all players

___ **I/We** understand that Stallions rosters will first be filled with players attending school in the Unified School District of Antigo, regardless of skill. If all recruitment options within the district have been exhausted, players from outside the district will be considered and must receive Board approval.

___ **I/We** understand that Stallions players must also actively participate on an Antigo Little League, Langlade County League, Babe Ruth League, Antigo Legion or Antigo High School Team to be eligible.

___ **I/We** understand that the cost to participate on a Stallions team will be \$100. The entire payment will be collected prior to tournament play. The cost includes a hat and shirt for the player to keep. These fees are non-refundable.

___ **I/We** understand that we are responsible for taking care of and returning an Stallions owned equipment at the end of the season in proper condition. If not returned in proper condition we will replace at original cost.

___ **I/We** understand that our family will be responsible for assisting with concessions/field preparation during our home tournaments and will cover our assigned shifts.

___ **I/We** understand that our family will be responsible to sell/purchase two \$100 raffle tickets per child participation in the Stallions program.

___ **I/We** know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve indemnity and agree to hold harmless the Stallions baseball organization or team or representatives, sponsors, supervisors, participants and persons transporting me and or my/our children/child to and from activities for any claim arising out of any injury to me and/or my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I further agree to utilize my private insurance policy first to cover any fees incurred from injury in participation of Stallions baseball.

___ **I/We** will furnish a birth certificate of the above named candidate to league officials if deemed necessary.

___ **I/We**, the parents/guardian of the above named candidate for a position on a Stallions Baseball team, hereby give my/our approval to participate in any and all Stallions baseball team or group activities including transportation to and from the activities.

Please indicate any physical/psychological limitations (allergies, hearing, vision, etc)

Please print parents' names _____ Date _____

Signature of Parent or Legal Guardian _____