



1231 Bonansinga Dr. - Quincy, Illinois 62301-1762  
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[quincyparkdistrict.com](http://quincyparkdistrict.com)

## 2020 Park League Baseball– Registration Form

2020 FEES: 7 & 8 **\$45 By 4/24, After 4/25 \$55** Registration Deadline –April 3rd  
 9-12 **\$65 By 3/6, After 3/6 \$75** -Registration Deadline-March 13th  
Register On-line: [quincyparkdistrict.com](http://quincyparkdistrict.com)

**FIRM DEADLINE: NO REGISTRATION ACCEPTED After Deadline Periods**

Coach’s Meetings will be held on Monday March 23<sup>rd</sup> at 6 PM for grades 9-10 and at 7:00 PM for grades 11-12. The coaches meeting for grades 7-8 will be Tuesday April 14<sup>th</sup> at 6 PM. Please return the completed form below to the Quincy Park District Office, 1231 Bonansinga Dr., Quincy, 62301. Incomplete Registration Forms will not be accepted. All players will receive a T-shirt and hat.

T-SHIRT SIZE (**SIZES RUN SMALL**)    6/8    10/12    14/16    Adult S    Adult M    Adult L    Adult XL    Adult XXL

**PLEASE PRINT**  
 CHILD’S NAME \_\_\_\_\_ GENDER (circle one) Male Female  
 PARENT/GUARDIAN \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE (    ) \_\_\_\_\_ - \_\_\_\_\_ EMERGENCY (    ) \_\_\_\_\_ - \_\_\_\_\_ SCHOOL \_\_\_\_\_  
 E-MAIL \_\_\_\_\_ @ \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ GRADE (‘19/’20) \_\_\_\_\_  
 SPECIAL REQUESTS: COACH \_\_\_\_\_ TEAMMATES \_\_\_\_\_

**Select Age Division**

Baseball 7 & 8 \_\_\_\_\_  
 Baseball 9 & 10 \_\_\_\_\_  
 Baseball 11 & 12 \_\_\_\_\_

**WE NEED YOUR HELP!** We need great volunteers to serve as **Coaches** and **Assistant Coaches**. If you are interested in helping, please indicate by filling in the following information.  
 NAME \_\_\_\_\_ I volunteer to be a COACH \_\_\_\_\_ ASSISTANT COACH \_\_\_\_\_  
 CONTACT NUMBER (DAY) \_\_\_\_\_ E-MAIL \_\_\_\_\_  
 Do you know someone who would like to be an Assistant Coach? NAME \_\_\_\_\_ Phone \_\_\_\_\_

**Waiver / Release of All Claims and Hold Harmless Agreement for the Quincy Park District**  
 and In signing this waiver, you will be releasing all claims for injuries arising out of this program that you or the above named participant might sustain. The term “I” also refers to parents as well as guardians as well as the participants in the program. As a participant in the program, I am fully aware that accidents / or injuries occur during the conduct of this program activity and do fully agree to absolve the Quincy Park District, elected or appointed officials, including all employees and program staff from all personal liability as the result and conduct of said program.may

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_