



1231 Bonansinga Dr. - Quincy, Illinois 62301-1762  
 Telephone 217-223-7703 – Fax 217-228-9209  
 Email [info@QuincyParkDistrict.com](mailto:info@QuincyParkDistrict.com)  
[quincyparkdistrict.com](http://quincyparkdistrict.com)

## 2019 T-Ball & Girls Softball League – Registration Form

2019 FEES: **T-Ball Ages 5-6: \$37.00 By 4/26, After 4/26 \$47.00** **Girls Softball Ages 7-12: \$42.00 By 4/26, After 4/26 \$52.** **Registration Deadline – May 3rd** Register On-line: [quincyparkdistrict.com](http://quincyparkdistrict.com)

**FIRM DEADLINE: NO REGISTRATION ACCEPTED AFTER MAY 3rd**

Coach’s Meetings will be held on May 9 (T-Ball) and May 13 (Girls Softball). T-Ball & Girls Softball games will begin the week of June 3<sup>rd</sup>. 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
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**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 (’18/’19) \_\_\_\_\_

SPECIAL REQUESTS: COACH \_\_\_\_\_ TEAMMATES \_\_\_\_\_

**Note: Changes to registration forms and team rosters CANNOT be made after May 3<sup>rd</sup>**

**DIVISIONS** (Please Check Appropriate Division)

- T-Ball -    Ages 5 & 6            \_\_\_\_\_(Co-Ed) League Girls & Boys
- D Division - Ages 7 & 8        \_\_\_\_\_Girls League
- C Division - Ages 9 & 10        \_\_\_\_\_Girls League
- B Division - Ages 11 & 12        \_\_\_\_\_Girls League

**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**

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 and / or injuries may 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.

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