The 2020 Cape Girardeau Parks & Recreation Boys Baseball League is for boys ages 4-12 (as of April 30, 2020). The entry fee includes a 10-12 game schedule, uniform shirt and playing equipment (not including gloves). Ages 9-12 will be drafted by coaches and a coaches meeting for all coaches will be held on Wednesday, April 15 at the Osage Centre at 6:00 p.m. The season will begin on May 11, 2020 and games are played at the Arena Park Sports Complex. For more information, contact Tony at tweatherby@cityofcape.org.

ENTRY FEE
$60 for ages 4-8 | $70 for ages 9-12

REGISTRATION
Deadline is April 10, 2020
A $10 late fee will be applied between April 11-17, 2020

**Please note all dates are subject to change.**

4-5 Year Olds: T-Ball | 6 Year Olds: Coaches Pitch | 7-8 Year Olds: Machine Pitch
9-10 Year Olds (Minors): Kids Pitch | 11-12 Year Olds (Majors): Kids Pitch

RAINOUT HOTLINE: 573.975.1024

Register online at www.cityofcape.org/baseball
4-12 YR. OLD BOYS BASEBALL REGISTRATION FORM

AGE: For ages 4-12 as of April 30, 2020
START DATE: Tentative start date is May 11, 2020. **Please note all dates are subject to change.**
IMPORTANT DATES: Coaches’ meeting and draft is scheduled for Wednesday, April 15 at 6:00 p.m. at the Osage Centre.
REGISTRATION: Registration deadline is April 10, 2020. A $10.00 late fee will be applied between April 11-17. Register online at www.cityofcape.org/baseball or at the A. C. Brase Arena.
ENTRY FEE: $60 for ages 4-8 OR $70 for ages 9-12.
LEAGUE DIRECTOR: Tony Weatherby. 573.339.6626 or tweatherby@cityofcape.org

PLAYER FORM

First Name__________________________ Last Name__________________________
Address_________________________________________ City __________________________ State _________ Zip__________
Primary Number_________________________ Email _____________________________
Texting Number_________________________ Cell Phone Provider (AT&T, Verizon, etc.)_________________________
Date of Birth: ____________/__________/___________ Age (as of April 30, 2020)_________________________
Child’s school? ____________________________ Parent/Guardian Name_________________________

Shirt Size (circle one): YS (5-8) YM (10-12) YL (14-16) AS AM AL AXL
Division (circle one): 4 yr. olds 5 yr. olds 6 yr. olds 7 yr. olds 8 yr. olds 9 yr. olds 10 yr. olds 11-12 yr. olds
Are you interested in sponsoring a team? Yes No Business Name_________________________

I/We, the parent(s) of _______________________________ fully understand the risk of personal injury due to my participating in the City of Cape Girardeau Parks and Recreation Department League, and hereby agree to assume such risk. In consideration of the opportunity to participate in this league I hereby waive all claims for personal injury and property damage, of any kind of character whatsoever, against the City of Cape Girardeau. In addition I hereby release the forego-ing from liability for any such claims that may arise from, or occur as a result of, my participating in the City of Cape Girardeau Parks and Recreation Department League. In further consideration for the opportunity to participate in the City of Cape Girardeau Parks and Recreation Department League, I hereby agree to indemnify and hold harmless the City of Cape Girardeau, and all league officials, and coaches, including but not limited to relatives of participants in the City of Cape Girardeau Parks and Recreation Department League, for personal injury that may result from or be caused by intentional, deliberate, reckless, or negligent conduct. This indemnity shall survive my child/dependents participation in this City of Cape Girardeau Parks and Recreation Department League. I certify that my child/dependent is in good physical health and I have no knowledge of my child/dependent having a history of any type of physical or mental ailment that would present a risk of physical danger to my child/dependent or any participant in the City of Cape Girardeau Parks and Recreation Department League. I/we will furnish a certified Birth Certificate of the above named player upon request of the league officials.

I/We have read the above carefully, understand it, and agree to it.

Parents or Guardian signature________________________________________ Date________

COACH FORM

Only fill out if interested in coaching. A mandatory background check will be completed for every potential coach.

Coach’s Name__________________________ Player’s Name__________________________ Age________
Address_______________________________ City __________________________ State _________ Zip__________
Primary Number_________________________ Email _____________________________
Texting Number_________________________ Cell Phone Provider (AT&T, Verizon, etc.)_________________________

Circle One: Head Coach Assistant Coach Either

Shirt Size (circle one): AS AM AL AXL 2XL 3XL

HEAD COACHES ONLY:
Do you have an assistant coach (only 1 asst.)? Yes No If yes, assistant coach’s name:_________________________

ASSISTANT COACHES ONLY:
Do you have a head coach you would like to join? Yes No If yes, head coach’s name:_________________________

Coach’s signature__________________________ Date________