



Introducing....

Belton Youth Competitive Baseball

2012 Competitive Team Registration

Belton Parks and Recreation will begin accepting team registrations beginning January 4, 2012. Registration options are below:

HIGH BLUE WELLNESS CENTER - 16400 N. Mullen Road

Ongoing team registrations accepted at the Community Center during regular hours through Monday, March 15, 2010.
Hours are: Monday - Friday: 5:30 a.m. - 10:00 p.m.; Saturday 7:00 a.m. - 8:00 p.m.; Sundays 11:00 a.m. - 7:00 p.m.

Registrations by mail must include complete registration form and full payment.

Mail registrations to: Belton Parks and Recreation, Attn: Shane DeWald, 16400 N. Mullen Road, Belton, MO 64012.

Competitive Divisions

- | | | |
|-----------------------------------|----------------------------------|----------------------------------|
| <input type="radio"/> 8 & Under** | <input type="radio"/> 9 & Under | <input type="radio"/> 10 & Under |
| <input type="radio"/> 11 & Under | <input type="radio"/> 12 & Under | <input type="radio"/> 13 & Under |
| <input type="radio"/> 14 & Under | <input type="radio"/> 15 & Under | <input type="radio"/> 16 & Under |

League Fee is \$1,200

****8 & Under League Fee is \$1,000**

Every Team Will:

- Be sanctioned USSSA and insured
- Play home games in Belton, other games may be played in neighboring communities
- 14 game league

Circle Division Above: *Note: Divisions may be combined if not enough teams in each age group!!!*

Team Name: _____

Manager: _____ Phone: _____ E-Mail: _____

Address: _____ City: _____ State: _____ Zip: _____

2nd Contact: _____ Phone: _____ E-Mail: _____

Address: _____ City: _____ State: _____ Zip: _____

I, the manager of the above named team, do hereby agree to release all liability and claims against the Belton Parks and Recreation Dept. and agree to hold harmless any liability against the Belton Parks and Recreation Dept., any sponsoring organization, facility, instructor and any other party involved, due to injuries, accidents, negligence, or any other circumstances arising from participation in this program with respect to any time prior, during and after the activities, including participation in all related events. I understand that my team may be photographed for publicity purposes.

Manager's Signature: _____ Date: _____

Player Registrations/Signatures

Registration Deadline: March 15, 5:00 pm

Liability/Waiver:

Parents, please sign and date for your player.

I, the parent of the below named player, do hereby agree to release all liability and claims against the Belton Parks and Recreation Dept. and agree to hold harmless any liability against the Belton Parks and Recreation Dept., any sponsoring organization, facility, instructor and any other party involved, due to injuries, accidents, negligence, or any other circumstances arising from participation in this program with respect to any time prior, during and after the activities, including participation in all related events. I understand that my child may be photographed for publicity purposes.

PLAYERS:

Name: _____ DOB (ex: xx/xx/xxxx): _____ Age (Bball: May 1. Sball: Jan. 1): _____

Player's Signature: _____ Parent's Signature: _____ Date: _____

Name: _____ DOB (ex: xx/xx/xxxx): _____ Age (Bball: May 1. Sball: Jan. 1): _____

Player's Signature: _____ Parent's Signature: _____ Date: _____

Name: _____ DOB (ex: xx/xx/xxxx): _____ Age (Bball: May 1. Sball: Jan. 1): _____

Player's Signature: _____ Parent's Signature: _____ Date: _____

Name: _____ DOB (ex: xx/xx/xxxx): _____ Age (Bball: May 1. Sball: Jan. 1): _____

Player's Signature: _____ Parent's Signature: _____ Date: _____

Name: _____ DOB (ex: xx/xx/xxxx): _____ Age (Bball: May 1. Sball: Jan. 1): _____

Player's Signature: _____ Parent's Signature: _____ Date: _____

Name: _____ DOB (ex: xx/xx/xxxx): _____ Age (Bball: May 1. Sball: Jan. 1): _____

Player's Signature: _____ Parent's Signature: _____ Date: _____

Name: _____ DOB (ex: xx/xx/xxxx): _____ Age (Bball: May 1. Sball: Jan. 1): _____

Player's Signature: _____ Parent's Signature: _____ Date: _____

Name: _____ DOB (ex: xx/xx/xxxx): _____ Age (Bball: May 1. Sball: Jan. 1): _____

Player's Signature: _____ Parent's Signature: _____ Date: _____

Name: _____ DOB (ex: xx/xx/xxxx): _____ Age (Bball: May 1. Sball: Jan. 1): _____

Player's Signature: _____ Parent's Signature: _____ Date: _____

Name: _____ DOB (ex: xx/xx/xxxx): _____ Age (Bball: May 1. Sball: Jan. 1): _____

Player's Signature: _____ Parent's Signature: _____ Date: _____

Name: _____ DOB (ex: xx/xx/xxxx): _____ Age (Bball: May 1. Sball: Jan. 1): _____

Player's Signature: _____ Parent's Signature: _____ Date: _____

Name: _____ DOB (ex: xx/xx/xxxx): _____ Age (Bball: May 1. Sball: Jan. 1): _____

Player's Signature: _____ Parent's Signature: _____ Date: _____

Name: _____ DOB (ex: xx/xx/xxxx): _____ Age (Bball: May 1. Sball: Jan. 1): _____

Player's Signature: _____ Parent's Signature: _____ Date: _____

For more information contact Shane DeWald at 816.348.7400, ext. 7408