



Boys Semi-Competitive Baseball 3rd, 4th, 5th & 6th Grade

Mount Vernon Parks and Recreation Registration Form 2019

Semi-Competitive, instructional program for boys currently in 3rd through 6th grades

Fee: City of Mount Vernon residents \$48*, outside of Mount Vernon residents \$53
*scholarship applications are available through SE Linn Community Center

Equipment: Players need to have a glove. Plastic cleats are optional, metal cleats are prohibited!
Uniform: Shirt and cap provided (yours to keep). Prefer Gray baseball pants to be provided by player.
Practices: The practice schedule is determined by the volunteer coach.
Games: All grade levels practice and play on Mondays and Wednesdays week of May 13 to June 26.

Coaches Meeting: Tuesday, April 30th at 7:30pm in Parks and Rec. Office—201 7th St. NE.
Remember: Without coaches, the program cannot happen. We need you. Thank you!

Register Online at <https://mtvernon-ia.cogran.com> (create account and then register)
Or please send registration to Mount Vernon City Hall 213 First Street NW

Registration Deadline: Friday, April 26th

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Mount Vernon Parks and Recreation Registration Form (Please fill out all fields)

Participant's Name	Gender	Shirt size Youth S M L Adult S M L XL	Current Grade Spring 2019	Date of Birth Age	Fee:\$48 MV Resident \$53 Non- MV
				/ / Age: _____	Late fee add \$15.00

Parent(s)/Guardian Mailing Address

Name(s) _____ Make checks payable to MV Parks & Recreation.
Mailing Address _____ City _____
State _____ Zip _____ Phone _____ E-mail _____

Yes, I am interested in coaching. ___ If so, T-shirt size ___ Please attend coaches meeting on April 30th

**Note to coaches: The Coaches Meeting is scheduled for
Tuesday, April 30th at 7:30pm in Parks and Rec. Office—201 7th St. NE
PLEASE attend if you are willing to be a head coach or an assistant

Please fill out Youth Waiver Form Below
If under the age of 18 please have parent/guardian sign

Signature of Parent/Guardian: I hereby understand that my child has registered to participate in a recreation program with Mount Vernon Parks and Recreation. I understand that this program, like most programs similar in nature, present and invoke some degree of inherent risk of physical injury. I understand that the participants assume full responsibility for any bodily injury incurred while taking part in the activity. The City of Mount Vernon or Mount Vernon Parks and Recreation provide no medical insurance.

By signing this waiver, I agree that my child is in good physical condition appropriate for the activity selected, and give permission for my child to participate in this program and to ride with a responsible adult to the out of town games. All children will be required to wear seat belts while traveling. I hereby release the coaches, driver, the City of Mount Vernon and Mount Vernon Parks and Recreation of any responsibility for any accidental mishaps that may occur en route to, from, or at any game or practice.

Signature _____ Date _____

Primary Phone _____ Insurance Provider _____