

# Town of Delafield Park and Recreation

## Youth Baseball Registration 2024

**2024 Registration: February 12<sup>th</sup> - March 15<sup>th</sup>**

Registration and Concussion Forms and Fees must be paid online, mailed, or dropped off at the Town Hall W302N1254 Maple Avenue Delafield, WI 53018. Teams are divided by age/grade level, school district and friend/coach requests (may have two friend requests). Players receive a t-shirt and cap as part of the registration fee. Please note the resident/non-resident fee, you are a resident if you live, vote and pay your taxes to the Town of Delafield. Thank you.



All teams are led by volunteer parent coaches. If interested, please contact 262-364-7773 or parkandrec@townofdelafield.org  
Register online at <http://tshq.bluesombrero.com/townofdelafield>



### Youth T-ball & Coach Pitch (ages 5-6 & 7-8)

Youth ages 5-6 will learn basic t-ball skills and rules, while having fun with their friends. The Coach Pitch program is the next step up from t-ball and teaches youth ages 7-8 how to hit a live pitch. Practices begin once a week in May, at a day and time determined by the coach. Games will begin weekday evenings, normally Mondays and Wednesdays, in June. This league partners with the Village of Wales. Teams will play against Wales teams on their fields as well. The league typically ends the first week of August.

**FEES: \$70 resident / \$80 non-resident per player**

### Boys' Baseball (2<sup>nd</sup> - 12<sup>th</sup> Grades currently)

Boys' baseball teams participate in the Waukesha County Land O'Leagues program, administered by the Waukesha YMCA. Town of Delafield teams will play other teams in Waukesha County. Teams will have five home games and five away games starting the first week of June. There are no weekend games for grade 2<sup>nd</sup>-8<sup>th</sup>; 9<sup>th</sup>-12<sup>th</sup> grade will play some weekends. Practices begin in May and are determined by the coach.

**FEES: 2<sup>nd</sup>-6<sup>th</sup> Grade = \$85 resident / \$95 non-resident per player**

**FEES: 7<sup>th</sup>-12<sup>th</sup> Grade = \$95 resident / \$105 non-resident per player**

**Little League Night 6-25-24**



**Brewers vs. TBA**



**Save the date - See Flyer**



# Town of Delafield Park and Recreation

## Youth Baseball Registration 2024

Please fill out the registration form below & mail or drop off the form with payment to:

Town Hall, W302N1254 Maple Avenue, Delafield, WI 53018. *Checks payable to: Town of Delafield.*

Be sure to read the concussion information & include the concussion form.

**Registration forms are due by March 15<sup>th</sup>. Late Fee is \$15. No refunds after April 30<sup>th</sup>.**

If your business is interested in sponsoring, please check out our sponsor options or contact Town of Delafield Baseball Coordinator at 262-364-7773 or parkandrec@townofdelafield.org.

Participant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Parent email: \_\_\_\_\_

Emergency Name and Number: \_\_\_\_\_

**Divisions:** (check one) Fees are PER PLAYER. **Grade/ages as of CURRENT school year 2023/24.**

**T-Ball & Coach Pitch - \$70 resident / \$80 non-resident** (*resident: live, vote, pay taxes to Town of Delafield*)  
\_\_\_\_ T-Ball (ages 5 & 6)      \_\_\_\_\_ Coach Pitch (ages 7 & 8)

**Boys Baseball** - (*Resident = live, vote, pay taxes to Town of Delafield*)

Boys Baseball (\$85 resident / \$95 non-resident):    \_\_\_\_ 2<sup>nd</sup>-4<sup>th</sup> grade    \_\_\_\_ 5<sup>th</sup>-6<sup>th</sup> grade

Boys Baseball (\$95 resident / \$105 non-resident):    \_\_\_\_ 7<sup>th</sup>-8<sup>th</sup> grade    \_\_\_\_ 9<sup>th</sup>-10<sup>th</sup> grade    \_\_\_\_ 11<sup>th</sup>-12<sup>th</sup> grade

Two Friend/Coach Requests: First & Last Name (not guaranteed) \_\_\_\_\_

Are you interested in **Coaching**? Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Uniforms:** The Town of Delafield provides a t-shirt and cap for each **participant and coach.**

**T-Shirt size:** \_\_\_\_ Youth Small    \_\_\_\_ Youth Medium    \_\_\_\_ Youth Large    \_\_\_\_ Youth X-Large  
\_\_\_\_ Adult Small    \_\_\_\_ Adult Medium    \_\_\_\_ Adult Large    \_\_\_\_ Adult X-Large    \_\_\_\_ Adult XXL

**Waiver:** (must be signed by parent or guardian)

*I, the parent/guardian of the registrant give my consent for the registrant to participate in the Town of Delafield sponsored sports program. I hereby release, discharge and/or otherwise indemnify the Town of Delafield, their employees and agents, volunteers (Coaches, Assistant Coaches, other support team parents both on and off the playing field), umpires, against any claim by or on behalf of the registrant. I take full responsibility for any injuries or resultant death. In case of an emergency, call our home. If I cannot be reached, I give my consent for emergency medical care prescribed by a licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of registrant. I understand that insurance will not be furnished by the Town of Delafield. I grant permission for participants' image or likeness to be used.*

Parent/Guardian Signature: \_\_\_\_\_

OFFICE USE: FEES PAID: \_\_\_\_\_ CASH: \_\_\_\_\_ CHECK #: \_\_\_\_\_ DATE: \_\_\_\_\_

# Concussion Form

## Parent and Athlete Agreement

### Town of Delafield Park and Recreation Baseball/Softball Program

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form, you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

#### *Parent Agreement:*

I \_\_\_\_\_ have read the Parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

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

#### *Athlete Agreement:*

I \_\_\_\_\_ have read the Athlete Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected.

I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

1. Have you ever had a concussion? \_\_\_\_\_, if yes, how many? \_\_\_\_\_

2. Have you ever experienced concussion symptoms? \_\_\_\_\_ Did you report them? \_\_\_\_\_

Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete this form and return to the Baseball Coordinator, Town of Delafield.