

2019 Discovery Softball League Registration Form

A SPECIAL LEAGUE FOR SPECIAL PEOPLE

Discovery Softball League is a league for special needs individuals ages 4 years old through adult. This includes physical, mental, cognitive, and hearing impaired disabilities.

Complete the information for the player, mark the appropriate T-shirt size, and sign the waiver at the bottom of the page. Enclose a check with the registration form and mail to **Kathy Delchambre, 2900 S. Dellwood St., Appleton, WI 54915 by April 24, 2019. (phone 920-734-5641 with questions)**. All players will supply their own mitt and water bottle. The league will supply a team T-Shirt and baseball cap.

_____ / ____ / _____ First Name Last Name Sex Birth date
Age

_____ Member # _____ Player #

Last Years Team: _____

Lives With (Father / Mother / Both / Self / Group Home)

Father / Other / Self / Group Home
Name: _____
Address: _____
City: _____ State: _____ Zipcode: _____
Home Phone: _____
Cell Phone: _____
E Mail Address: _____

Mother / Other / Guardian
Name: _____
Address: _____
City: _____ State: _____ Zipcode: _____
Home Phone: _____
Cell Phone: _____
E Mail Address: _____

Player's League for 2018	
	Fee
Discovery League	\$25
Ages 4 years old through adult	
Make checks payable to <u>Neenah Baseball, Inc. - No Cash</u>	
Games are played Sunday Evenings from 6:00 to 7:30 p.m. on Southview Park Diamonds, Neenah	
Season runs May 19 th to July 28 th (No Game May 26)	

Shirt Size:	
Youth:	_____ Small (6-8)
	_____ Medium (10-12)
	_____ Large (14-16)
Adult:	_____ Small
	_____ Medium
	_____ Large
	_____ X-Large
	_____ XX-Large
	_____ XXX-Large

As the parent/guardian of the player named above, I give my approval to participate in any and all league activities. I assume all risk and hazards incidental to participation, and do hereby waive, release, and absolve Neenah Baseball, Inc., its organizers, sponsors, participants, and volunteers of any claim arising out of injury to my child, except to the extent and in the amount covered by accidental liability insurance. I agree to return the uniform and other equipment issued to my child in good condition. I will furnish a certified birth certificate of the above named candidate to league officials upon request.

Signature: _____

Date : _____

League use only Amount Due: _____ Amount Paid: _____

Received By: _____