

# Whitesboro P.A.R.D. Youth Baseball/Softball

Office Use Only

## Registration Deadline

Friday, January 28<sup>th</sup>

## Scout Day

Saturday, February 19<sup>th</sup>

Register online at  
[www.whitesboro.org/pard](http://www.whitesboro.org/pard)

## 2022 Registration Fees

T-Ball (Co-ed)	\$50
8U, 10U, 12U Baseball/Softball	\$65
14U Baseball/Softball	\$85
<b>Discounts</b>	
2 Siblings Registered = \$5 off total amount	
3 Siblings Registered = \$10 off total amount	
<b>Late Registration Fee: \$10/Child</b> (Taken only in cases of shortages on rosters.)	

Date \_\_\_\_\_  
Receipt # \_\_\_\_\_  
Birthdate Verified **Y** **N**  
Scholarship **Y** **N**  
Initials \_\_\_\_\_



Please bring the following to PARD located at 400 Wilson Street, Whitesboro, TX 76273 or mail to PARD at PO Box 340, Whitesboro, TX 76273 (Do not send forms to school!):

- Completed Registration Form
- Fee (Cash or Checks Only – make checks payable to PARD)
- Copy of Birth Certificate (First time PARD participants only.) **\*\*Players selected to play on All-Star teams will be required to provide a copy of birth certificate at the time of selection. PARD does not keep copies on file.\*\***

Call PARD at 903-564-5964 to ask about Scholarships and Payment Plans if needed. **No scholarships will be given after the deadline.**

## PLAYER INFORMATION

<b>Baseball League Age Division:</b> *Baseball age determined by age as of April 30 <sup>th</sup> *	<b>Softball League Age Division:</b> **Softball age determined by age as of January 1 <sup>st</sup> **
<input type="checkbox"/> Co-ed 6 & Under (T-Ball)	
<input type="checkbox"/> 8 & Under Baseball (Coach Pitch)	<input type="checkbox"/> 8 & Under Softball (Coach Pitch)
<input type="checkbox"/> 10 & Under Baseball	<input type="checkbox"/> 10 & Under Softball
<input type="checkbox"/> 12 & Under Baseball	<input type="checkbox"/> 12 & Under Softball
<input type="checkbox"/> 14 & Under Baseball	<input type="checkbox"/> 14 & Under Softball

## Jersey Size:

- ☐ Youth Small (6-8)
- ☐ Youth Medium (10-12)
- ☐ Youth Large (14-16)
- ☐ Adult Small
- ☐ Adult Medium
- ☐ Adult Large
- ☐ Adult XL

*\*Youth jerseys run small*

**Incomplete Forms will not be accepted - Player's full name required & must match Birth Certificate**

Player's LAST NAME \_\_\_\_\_

\_FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Male/Female \_\_\_\_\_

Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Age \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Mother/Guardian Phone \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Father/Guardian Phone \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Father's Occupation \_\_\_\_\_

Medical Problems of Player \_\_\_\_\_

Doctor to Notify in Emergency \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact (Not Parents) \_\_\_\_\_ Phone \_\_\_\_\_

Liability Waiver and Consent for Medical Treatment

I, hereby give my approval for the above-named to participate in the PARD Youth Sports Program. I assume all risk and do hereby waive, release and agree not to hold the City of Whitesboro, the PARD, the organizers, sponsors, supervisors, participants, and persons transporting my child responsible for any injury that may be incurred while participating in the program. As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent. I do hereby fully and freely consent to the use of the participant's photo for promotional purposes on both printed materials and websites. I do hereby release and hold harmless the City of Whitesboro from a liability arising out of said participant's photo in a publication, advertisement, and/or promotion. The danger of exposure to upper respiratory illness exists. By participating in recreational sports, you take full responsibility for your own protection, for the risk that you or someone in your family may contract an upper respiratory infection or other illness, and for disinfecting your hands and anything you may touch. Please maintain at least 6 feet between you and other people who are not a part of your household, and do not use the facilities or participate in team events if you or a member of your family has been sick.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

## Interested in being a Head Coach?

**YES**

**NO**

Name \_\_\_\_\_

Phone \_\_\_\_\_

\*Sibling playing in same Age Division (Name/Age Division):\_\_\_\_\_