2019 City of Wells
Baseball & Softball League

The City of Wells Park & Recreation Department wants your participation in summer softball and baseball to be a positive experience. Only through your input can the programs be improved. If you have comments or questions, please contact Wells City Hall (553-6371), Toby Anderson (507-402-5084) or Ryan Crabtree (507-720-1260). This program is offered for all youth in the USC communities completing 2nd, 3rd and 4th grade that want to play softball and baseball.

- The Season will start the approximately the week of June 3rd.
- Girls softball is played Mondays & Wednesdays
- Boys baseball is played Tuesdays and Thursdays
- Games start at 6:15 PM
- Shirts will be provided for all players
- A 2 hour time limit is in effect for all games. There are 3 outs or the 7 run rule. The last inning is unlimited runs.
- Information about this league will be posted on the City's website once it is available. www.cityofwells.net.
- Coaches & Umpires are needed. If you are interested please call Toby or Ryan.

The Registration Deadline to get your player form & fee of **$30.00** sent in is April 29th.
After April 29th late fees will be assessed as follows: $55.00 ($25.00 late fee plus the $30.00 registration fee)
MASS REGISTRATION IS APRIL 27TH – CITY HALL BASEMENT 9 a.m.-NOON

(Return this portion to City Hall with payment)

2019 Baseball Sign Up 2nd & 3rd (Boys)
Softball Sign Up – 2nd, 3rd & 4th Grade (Girls)
THE FEE FOR BASEBALL & SOFTBALL IS $30.00 **(NO REFUNDS)**

Circle the grade bracket you will be participating in:

Boys Baseball 2 3 (Grade Completed)

Girls Softball 2 3 4 (Grade Completed)

****Circle the Shirt size:** Adult: S M L XL Youth: S M L XL

_____ M F _____
Name Parent/Guardian Name

_____
Address Phone Number Email Address

Are You Willing to Help Coach? Y N

_____ Is This Your First Time Coaching Baseball or Softball? **Y N**
Name

_____
Mailing Address Phone Number Email Address

PARENTAL CONSENT FORM

I give permission for my child _____ to participate in the City of Wells Baseball/Softball program and agree to release any and all persons supervising and assisting in the program from any liability for injuries that my child may sustain while participating in the program. I also understand that I will assume all financial responsibility for any medical expenses that may be required to treat injuries sustained while participating in this activity. In the event that I am unable to be contacted, I hereby give permission to provide emergency first aid and/or medical care for my child.

In case of emergency, please notify _____ _____
(Name) (Phone Number)

Parent's Signature _____