(Goddard Recreational Ball Club is NOT affiliated with USD 265) **www.goddardrecreationalballclub.com**

Parents- Please complete both pages of the registration form. The form must be signed by the child’s parent/legal guardian. Information is needed for insurance.

Coaches- If you are returning with a team or are bringing in a team, please fill out the coaches form below. Please list all players as this will assist us in making sure all your players will be placed on your team. We suggest you limit your roster to 13 players for Machine Pitch through 14U.

We are a league that relies on parent volunteers for coaches. If any parent is wanting to coach or be an assistant coach, please fill out the coaches information on the coaches form below.

You might be asked to coach if we do not have enough coaches for the kids. If we do not have enough coaches your child will not have a team to play on.

Registration Deadline: February 24, 2024, Fee: $100.00 Per Player LATE registration deadline: March 2, 2024, Fee: $120.00 Per Player

Registrations postmarked after February 24, 2024 are $120.00 Per Player. Late Registrations will be on a first come, first serve basis. Placement is not guaranteed, but every effort will be made to place every kid on a team.

**REFUND POLICY**

Fees will be returned in full if your child is not placed on a team. 50% refund after your child is placed on a team. NO refund once the season begins on May 28th, 2024.

**Make checks payable to: Goddard Recreational Ball Club Mail to: Goddard Recreational Ball Club, PO Box 656, Goddard, Ks. 67052**

OR

**Drop off at the Goddard Public Schools Administration offices. 201 S. Main St.**

## First drop off Saturday February 17, 2024, 12:00pm-3:00pm

Final drop off Saturday February 24, 2024, 12:00pm-3:00pm

(DO NOT SEND REGISTRATIONS TO THIS ADDRESS)

**Rules/Policies of Goddard Recreational Ball Club & USD 265**

**Failure to adhere to the following rules/policies will result in the delay of the game until violators have left the grounds. If violators fail to leave the USD 265 grounds, the game will result in a forfeit for the friends and/or family of the violators!**

* **NO** Alcoholic beverages allowed on USD 265 grounds; this includes all parking areas.
* **NO** tobacco products on USD 265 grounds. This includes cigarettes, cigars, pipes, All smokeless tobacco, and all vapor type products.
* **DO NOT** leave children unattended. Children must be under adult supervision at all times.
* **DO NOT** climb, hang, or deface trees or shrubs, fences, playground equipment, dugouts and buildings.
* **DO NOT** throw rocks.
* Pets are to be on a leash, cleaned up after, and are to remain outside the fenced playing fields.
* Please place your trash in the nearest receptacle.
* Good Sportsmanship is **EXPECTED** at all times. Spectators may cheer in a positive manner only; derogatory comments will not be tolerated.
* Illegally parked cars will be towed at the owner’s expense.
* Please use caution driving down Walnut Street, many kids cross quickly at any time.

We are a league that relies on parent volunteers for coaches. If any parent is wanting to coach or be an assistant coach, please fill out the coaches information on the coaches form below. You might be asked to coach if we do not have enough coaches for the kids. If we do not have enough coaches your child will not have a team to play on.

***Explorer Raffle Sept. 14, 2023***

***\*\*\*\*\*\*\*Players should register in the division they will be for this season.\*\*\*\*\*\****

**BOYS BASEBALL**- Please mark with “X” which age division your son is in

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| T-ball (5-6) | Machine Pitch (7-8) | Age 9-10 | Age 11-12 | Age 13-14 |
|  |  |  |  |  |

**GIRLS SOFTBALL**- please mark with “X” which age division your daughter is in

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| T-ball (5-6) | Machine Pitch (7-8) | Age 9-10 | Age 11-12 | Age 13-14 |
|  |  |  |  |  |

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M / F**

**Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age as of 5/01/24: \_\_\_\_\_\_\_\_\_**

**Grade: \_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_**

**Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_**

**Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Coach/Team preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE NO PLAYER PREFERENCE.**

**Make checks payable to: Goddard Recreational Ball Club Mail to: Goddard Recreational Ball Club, PO Box 656, Goddard, Ks. 67052**

OR

**Drop off at the Goddard Public Schools Administration offices. 201 S. Main St.**

## First drop off Sunday February 17, 2024, 1:00pm-3:00pm

## Final drop off Saturday February 24, 2024, 12:00pm-3:00pm

(DO NOT SEND REGISTRATIONS TO THIS ADDRESS)

**REFUND POLICY**

Fees will be returned in full if your child is not placed on a team. 50% refund after your child is placed on a team. NO refund once the season begins on May 28th, 2024.

**\*\*\*\*\*RETURN THIS PAGE WITH YOUR REGISTRAION PAYMENT\*\*\*\***

**Player and Parent/Guardian Waiver, Release and Medical Authorization**

**Health Insurance Co.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Special Health Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Doctor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I understand that Baseball/Softball is an extreme test of my child’s physical and mental limits. This sport carries with it the potential for serious Injury, death and property loss. I agree to assume all the risk of my child’s participation in Goddard Recreational Ball Club. I agree to all the following for my family, my child and myself:**

1. **I waive, release and discharge from any and all claims or liabilities for personal Injury, death or damages of any kind which may arise out of or relate to my child’s and families’ participation in Goddard Recreational Ball Club, and USD #265.**
2. **I agree not to file suit or bring any legal actions against any of the persons and entities listed above.**
3. **I indemnify and hold harmless the persons and entities above from any claims made or liabilities assessed against them as a result of my actions.**

**I hereby authorize any licensed physician, emergency medical technician, hospital, or other medical facility to treat my child listed above for the purpose of attempting to treat or relieve any injuries arising out of or relating to my child’s participation in Goddard Recreational Ball Club activities. I authorize any such medical provider to perform all procedures deemed medically prudent in the treatment of my child. I consent to the administration of anesthesia as deemed advisable. I assume all the risk and responsibility for the treatment of my child.**

Signature of Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Visit our website for more details: [www.goddardrecreationalballclub.com](http://www.goddardjuniorballleague.com) Questions?? Contact Mike Walker at (316)259-1956 or [mwalkergjbl@gmail.com](mailto:mwalkergjbl@gmail.com)

\*\*\*\*\*RETURN THIS PAGE WITH YOUR REGISTRATION PAYMENT\*\*\*\*\*

Coaches Form

Coaches- If you are returning with a team or are bringing in a team, please fill out this form. Please list all players as this will assist us in making sure all your players will be placed on your team. F

ALL coaches are required to submit a background screening and MUST be 21 years of age or older.

**BOYS BASEBALL**- Please mark with “X” which age division you are coaching

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| T-ball (5-6) | Machine Pitch (7-8) | Age 9-10 | Age 11-12 | Age 13-14 |
|  |  |  |  |  |

**GIRLS SOFTBALL**- please mark with “X” which age division you are coaching

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| T-ball (5-6) | Machine Pitch (7-8) | Age 9-10 | Age 11-12 | Age 13-14 |
|  |  |  |  |  |

**Coaches Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List of Players Names:**

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**11. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**12. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**13. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*\*\*\*Coaches please return this page with players registrations\*\*\*\*