



## COACHES PITCH SIGN-UPS

### 7-9 YEARS OLD

CHILD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO. /HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

PLAYED BEFORE \_\_\_\_\_ WHAT TEAM? \_\_\_\_\_

WHAT COACH \_\_\_\_\_

SHIRT SIZE(YOUTH) \_\_\_\_\_

#### RELEASE FORM:

I, \_\_\_\_\_ PARENT OR GUARDIAN

OF \_\_\_\_\_ gives my permission for him/her to practice and play

baseball. I hereby release The City of Versailles, The Versailles Park Board and the coaches of any medical responsibility.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

#### PAYMENT MUST BE RECEIVED BEFORE THE FIRST GAME JUNE 1ST

Phone: 573-539-5853 (David Vogt)  
573-378-4634 (City Hall)

#### GAMES

JUNE 1 7:00 PM  
JUNE 8 7:00 PM  
JUNE 15 7:00 PM  
JUNE 22 7:00 PM

**\$30.00 Entry fee payable to City of Versailles**

EACH KID/PARTICIPANT GETS A FREE SHIRT & CAP