



# CELINA

RECREATION DEPARTMENT  
BASEBALL & SOFTBALL



Sign up at [www.teamsideline.com/celina](http://www.teamsideline.com/celina)  
to follow your teams, practices, game schedule & scores

Please print and fill in all fields of Application and remit with fee to:

**CELINA PARKS & RECREATION PROGRAM**

225 North Main Street, Celina, OH 45822  
(419) 586-1041

Application to Play Celina Recreation:  Baseball (male)  Softball (female)

**ATTENTION: Any false information put on this application will result  
in your child being suspended for the whole year in all sports.**

<p><b>REGISTRATION FEE:</b> <b>\$25.00 due with Registration</b></p> <p><b><u>REGISTRATION AND</u></b> <b><u>FEE DEADLINE April 1<sup>st</sup></u></b></p>	<p><b>Bantam League - Grades 1 &amp; 2</b> <b>Minor League - Grades 3 &amp; 4</b> <b>Little League - Grades 5 &amp; 6</b> <b>Pony League 13 to 15 year old boys</b></p>
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Player Information: Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Current Grade as of May 1st \_\_\_\_\_

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Shirt Size (Circle One) Youth Small Youth Medium Youth Large Youth X-Large  
Adult Small Adult Medium Adult Large Adult X-Large

Did you play on a travel team last year?  Yes  No

Can your child's picture be published?  Yes  No

Interests:  **Head Coach**  Assistant Coach  Umpire or Referee Notes: \_\_\_\_\_

\*Registration Fee waived for Head Coach's child (one child per team)

Parent/Guardian Information:

Mother (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Father (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Physician: \_\_\_\_\_ Hospital: \_\_\_\_\_

I, the parent/guardian of the above named applicant, give my permission for his/her participation including transportation to and from the activities and do hereby waive, release, absolve, indemnify and agree to hold harmless the local organizers, sponsors, supervisors, participants and persons transporting my son/daughter to or from activities, for claim arising out of injury to my son/daughter, whether the result of negligence or for any other cause. The City of Celina does not have insurance to cover such matters. I PERSONALLY WILL SEE THAT ANY AND ALL EQUIPMENT ISSUED MY SON/DAUGHTER BY THE PROGRAM IS CLEANED AND RETURNED WITHIN 10 DAYS AFTER THE CONCLUSION OF THE SEASON.



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

Date: \_\_\_\_\_