



2021 City of Wells Baseball & Softball League 4th, 5th & 6th Grade (*COMPLETING*)

The City of Wells Park & Rec Department wants your participation in the summer baseball & softball program. This program is offered for all youth **completing** 4th (boys only), 5th and 6th grade (boys & girls).

- The season will start *approximately* the week of May 17th
 - Travel to away games is required
 - Tournament date and location to be determined at a later date
 - Girls softball games will be played Tuesdays & Thursdays
 - Boys baseball games will be played Monday/Wednesday (4th & 6th grade), Tuesday/Thursday (5th grade)
 - Games start at 6:15 PM
 - Uniforms will be provided for all players
 - Information about this league will be posted on the City's website once it is available. www.cityofwells.net.
- **If you are interested in coaching, umping or have questions, please contact Toby Anderson (507-402-5084) or Ryan Crabtree (507-720-1260).**

***The Registration Deadline to get your player form & fee of \$35.00 returned is April 5th, 2021.**

***Late fees (\$25) will be assessed and total fee due after April 5th is \$60.00.**

**Payment and form (pg.2) can be dropped off or mailed to
City Hall- 125 S Broadway Wells, MN 56097**



**Keep this page for your information.

2021 CITY OF WELLS SUMMER RECREATION

2021 Baseball Sign up – 4th, 5th & 6th Grade ONLY

2021 Softball Sign up – 5th & 6th Grade ONLY

RETURN ON OR BEFORE APRIL 5TH!

Fee is \$35.00/ player
(NO REFUNDS)

Circle the grade bracket you will be participating in:

Boys Baseball: 4 5 6 (Grade Completing)

Girls Softball: 5 6 (Grade Completing)

**JERSEYS, PANTS & HATS WILL BE PROVIDED FOR EACH PLAYER.
IF REPLACEMENT JERSEY/PANT IS NEEDED, THE COST WILL BE \$20 FOR EACH ITEM**

Player Name: _____ M F

Parent/Guardian Name: _____

Address

Phone Number

Email Address

ARE YOU WILLING TO HELP COACH??? **YES OR NO**

Name _____ - Is this your first time coaching baseball/softball? YES NO

Address _____ **Phone Number** _____ **Email** _____

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 _____

***Return this form completed to City Hall on or before April 5th**