



2024 Chesaning Youth Athletics
Softball / Baseball Major's/Minor's Registration Form
Complete One (1) Form Per Player



Player's Name: _____ ☐ M ☐ F Current Grade: _____

Address: _____ City: _____

Parent(s)/Guardian(s) Name(s): _____

Cell #: _____ Cell #: _____ Email: _____

DEADLINE TO TURN IN FORM: MARCH 15, 2024

Forms can be turned in to the offices at **Big Rock, Chesaning Middle School**

Make Checks Payable to: Chesaning Union Schools

We are in need of coaches at all levels! If interested please fill out information at the bottom of this form.

FEE AND DATES (Fees vary by League)

☐ GIRL'S MINOR SOFTBALL: 3rd & 4th grade - \$65 ☐ BOY'S MINOR BASEBALL: 3rd & 4th grade - \$65

☐ GIRL'S MAJOR SOFTBALL: 5th & 6th grade - \$65 ☐ BOY'S MAJOR BASEBALL: 5th & 6th grade - \$65

☐ NUMBER OF YEARS PLAYING TRAVEL BALL

POSITIONS PLAYED IN MINORS (CIRCLE): PITCHER / CATCHER / 1ST / 2ND / 3RD / SHORTSTOP / OUTFIELD

Tentative Start Date/Days: April 22nd, 2024

Minors: MONDAY / WEDNESDAY

Majors: TUESDAY / THURSDAY

Fees reduced by \$5 PER PLAYER for Families (2 or more from SAME household)

\$120 maximum fee per family

PLAYERS JERSEY SIZE (CHECK ONE IN EACH)

☐ YOUTH ☐ ADULT

☐ SM ☐ MED ☐ LG ☐ XL ☐ XXL

PARENT INFORMATION (REQUIRED)

I, the undersigned parent or guardian of the above player, hereby authorize my above named child, to participate in practices and games organized by Chesaning Youth Athletics and release Chesaning Union Schools and Chesaning Youth Athletics from any and all liability arising out of the participation of my child in practices and games, whether as a player or spectator. The consideration for this release of liability is the receipt of coaching services, team participation and game play to my child, which is a benefit to my child, and me. I understand that coaches and assistants are not professional or paid coaches. They are volunteers who are donating their time to Chesaning Youth Athletics and my child. I understand that Chesaning Youth Athletics are, at times, a contact sport and carries a possibility of some risk of injury. My child has my permission to compete in this supervised athletic activity. In the event of an injury and I cannot be contacted, I hereby give my permission to the coach in charge to secure proper treatment for such injury, including ambulance transportation or as needed. The Chesaning Youth Athletics and Chesaning Union Schools **WILL NOT** be responsible for the cost of treatment due to any athletic injury as well as any ambulance fees, or other fees that might be incurred. This means that all costs will be the responsibility of the parent(s) and/or guardian(s).

Parent/Guardian Signature: _____ Date: _____

If you can help Coach, please fill out below

Print Name: _____ Cell Phone: _____

League: _____ EMAIL: _____

For program questions or concerns, please contact the Chesaning Youth Athletics Director:

Jacob Price, Youthathletics@chesaning.k12.mi.us

Visit our website for updated information: <https://www.chesaningschools.net/page/chesaning-youth-sports>