

# Village/Town of Somers

## 2017 Co-ed Softball League

Register in person at the Town Office, 7511 12<sup>th</sup> ST, or Mail form with payment to PO Box 197, Somers, WI 53171  
(262) 859-2822 - (Hours: M-F 8:00 a.m.-4:30 p.m.)

NAME: \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ GRADE (Fall 2017): \_\_\_\_\_  
 CITY/ZIP: \_\_\_\_\_ SCHOOL: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ MALE/FEMALE: \_\_\_\_\_  
 PARENTS NAMES: \_\_\_\_\_ 2016 TEAM or COACH: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

**HEALTH LIMITATIONS:** Should be given to coach at first practice/game.

*Grade based on Fall 2017* - (No player will be allowed to play below their age level.  
 Parents however can sign-up players in a higher level for various reasons.)

\_\_\_\_\_ T-ball - Pre-K/K (Thur Night)  
 \_\_\_\_\_ A-ball - 1st/2nd Gr (Wed Night)  
 \_\_\_\_\_ AA-ball - 3rd/4th Gr (Tues Night)  
 \_\_\_\_\_ Minor - 5th/6th Gr (Tues Night)  
 \_\_\_\_\_ Major - 7th/8th/9th (Wed Night)  
 \_\_\_\_\_ HS - 10th/11th/12th (Thur Night)  
 (cannot turn 18 before Aug. 31st)

**One other child you would like to play with?**

\_\_\_\_\_  
**Would a parent/guardian be interested in coaching?**  
 Name \_\_\_\_\_ PH \_\_\_\_\_  
 Email (coaches only): \_\_\_\_\_  
 Shirt Size \_\_\_\_\_  
 (Coaches will be contacted at meeting)

**SHIRT SIZE:**  
*Please indicate Adult or Child*  
**CHILD S(6/8) M(10/12) L(14/16)**  
  
**ADULT S M L XL**  
 (there will be no exchanging of shirts -  
 sizes run small please order accordingly)  
**PLEASE DOUBLE CHECK SHIRT SIZE**

**FEES:**  
**Circle One**  
**Somers Resident \$45**  
**Non-Resident \$55**  
 All fees must be paid at  
 time of registration

AS CONSIDERATION FOR BEING PERMITTED TO PARTICIPATE IN ACTIVITIES SPONSORED BY TOWN OF SOMERS AND/OR USING EQUIPMENT OF SAID ASSOCIATION, EACH PARTICIPANT AGREES TO ASSUME ALL LIABILITY FOR INJURY AND/OR DAMAGE RESULTING FROM SUCH PARTICIPATION AND FURTHER AGREES TO HOLD TOWN OF SOMERS FREE AND HARMLESS ON ACCOUNT OF ANY ACT OF OMISSION OR COMMISSION OR NEGLIGENCE ON THE PART OF SAID ASSOCIATION OR THEIR OFFICERS, AGENTS, OR VOLUNTEERS.

I HEREBY GIVE PERMISSION FOR MY CHILD, NAMED ABOVE, TO RECEIVE EMERGENCY TREATMENT IN CASE I CANNOT BE LOCATED

\_\_\_\_\_  
 Parent or Guardian Signature Date  
**PLEASE DOUBLE CHECK SHIRT SIZE - Adult or Child size?**

Season Starts June 6th & runs thru Aug.3<sup>rd</sup> (no games played July 3<sup>rd</sup>-July 7th)  
**REGISTRATION DEADLINE: FRIDAY, MAY 12, 2017**  
 Register in person or mail form with payment to address above. Town Office Hours: Mon-Fri. 8-4:30pm  
 Coaches will call players by May 27th - Rosters will also be posted on line by that date.  
 This material and/or activity is not sponsored or endorsed by KUSD or its personnel.