



2018 URICRA T-BALL-SOFTBALL-BASEBALL REGISTRATION FORM

DEADLINE FOR REGISTRATIONS IS FRIDAY, MARCH 2, 2018.

**\$10 INCREASE FOR LATE REGISTRATIONS BETWEEN MARCH 3 – MARCH 18.
NO PLAYERS WILL BE ADDED AFTER MARCH 20. NO EXCEPTIONS!!**

You may register & pay online (thru March 18) at www.quickscores.com/uricra. Click the Register Now button.
You may register by mail – send a check payable to URICRA and this form to PO BOX 8, Port Byron, IL 61275 or
Walk In Registration on Saturday, February 24, 2018 from 10:00 – 12:00 at the **Port Byron Library**.

THIS SECTION MUST BE FILLED OUT COMPLETELY.

Players First & Last Name: _____

Gender: Male Female **Player will play:** (circle one) T-Ball Girls Softball Boys Baseball

Date of Birth: _____ **Age as of 9/1/18:** (must be 5 as of 9/1/18) _____.

Age Division: (check one)	Division & Age	Date of Birth	Fee
_____	Pony's 13-15	DOB: 5/1/02-8/31/05	\$75.00
_____	Major's 11-12	DOB: 9/1/05-8/31/07	\$70.00
_____	Minor's 9-10	DOB: 9/1/07-8/31/09	\$70.00
_____	Pee-Wee 7-8	DOB: 9/1/09-8/31/11	\$65.00
_____	T-Ball 5-6	DOB: 9/1/11-8/31/13	\$50.00

Shirt Size: (circle one) YS YM YL AS AM AL AXL A2XL A3XL A4XL

Contact Phone Number: _____ **This will be the contact number given to the coach.**

No child will be turned away due to inability to pay registration fees. If your child needs to play under a scholarship or partial scholarship this year, please check here. _____.

Player Ride Share Request (Household Family Members only) _____

Parent(s)/Guardian(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ **Home:** _____

Email Address: _____

Volunteers are needed to make our organization successful. Please consider one of the following:

_____ Head Coach _____ Asst. Coach _____ Team Parent _____ Volunteer's Name

_____ Umpires – this is a paid position for high school kids, but ATTENDANCE IS A MUST! _____

_____ Team Shirt Sponsor \$150 _____ Team Shirt & Fence Sign Sponsor \$350 (visit www.uricra.com for a full donation form)

Sponsors Name: _____ (this will be on the back of the jerseys.)

Would you like to make a donation to provide a scholarship for a needy child?

Scholarship Donation _____

Please Check, Read and Sign at the bottom:

_____ **Waiver:** I certify that my child has insurance coverage for all medical and hospital expenses that might result from an injury during participation in any URICRA activity and do hereby agree to assume all expenses incidental to any injuries and do hold said URICRA, its Board Members and the Rock Island County Forest Preserve harmless.

_____ **Refund Policy:** Full refunds are available until teams are drafted. After teams are drafted there will be a \$10 uniform and administrative fee deducted. Refunds will be issued after the Board of Directors approves the refund. A check will be mailed to you after the approval process.

Parent/Guardian Signature _____