

**PANORAMA YOUTH BASEBALL & SOFTBALL**  
**Spring 2012 Player Registration**

<u>League</u>	<u>Age on Dec. 31, 2011 (Girls)</u>	<u>Age on Ap. 30, 2012 (Boys)</u>	<u>Fee/Child</u>	<u>Season</u>
Girls & Boys T-Ball (non-travel)	5 and 6 years		\$30.00	May-June
Girls & Boys Rookie League (non-travel)	7 and 8 years		\$30.00	May-June
Girls & Boys Minor League	9 and 10 years		\$45.00	April-June
Girls & Boys Major League	11 and 12 years		\$45.00	April-June

<u>First and Last Name</u>	<u>Gender (circle)</u>	<u>Birth Date (xx/xx/xx)</u>	<u>Shirt Size (circle)</u> <u>Youth small up to Adult XL</u>	<u>Fee</u>
1. _____	M F	_____	YS YM YL AS AM AL AXL	\$ _____
2. _____	M F	_____	YS YM YL AS AM AL AXL	\$ _____
3. _____	M F	_____	YS YM YL AS AM AL AXL	\$ _____
4. _____	M F	_____	YS YM YL AS AM AL AXL	\$ _____
<b>TOTAL REGISTRATION COST FOR THE FAMILY</b>				\$ _____

(Note: the maximum Family Rate is \$80.00 no matter how many kids)

As a Parent/Legal Guardian, I would like to volunteer for:

_____ Coaching a Team (must attend clinic)	_____ Team Concession Coordinator
_____ Umpiring (must attend clinic)	_____ \$30 opt-out fee
\$ _____	

**\*\* All families must work one time in the concession stand even if they opt out \*\***

**Late Fee: Add \$10.00 for registrations submitted after 2/17/12.** \$ \_\_\_\_\_

**TOTAL OWED** \$ \_\_\_\_\_

Make checks payable to the Panora Parks Department. Send completed registration form to:

Panora Parks Department	OR	Drop off at
P.O. Box 451		Panora City Hall
Panora, IA 50216		

Contact any Board Member ( Lynnea Andersen, Liz Reese, Bryan Richey, Tom Block, Dave Kemble, Kurt Duis, or Kirby Klinge) with questions or for financial assistance. All registrations must include the Medical Release and Code of Ethics Forms signed by the player and all parents/legal guardians. **(See Reverse Side of Form) Registrations are due by Friday, February 17, 2012.**

**CONTACT INFORMATION:**

Parent/Legal Guardian: _____	Home Phone _____	Cell Phone _____
Parent/Legal Guardian: _____	Home Phone: _____	Cell Phone: _____
Address: _____	City: _____	State: <u>IA</u> Zip: _____
E-Mail: _____	E-Mail _____	
Emergency Contact: _____	Home Phone: _____	Cell Phone: _____
Baseball Website: <a href="http://www.SDLLIA.com">www.SDLLIA.com</a>		

**PANORAMA YOUTH BASEBALL & SOFTBALL  
CODE OF CONDUCT**

- \* Participant may be a coach, parent, or legal guardian of a player or spectator.
- \* No participant during a Youth Baseball or Softball activity shall demonstrate or engage in unsportsmanlike conduct, or engage in or be involved in any conduct ruled detrimental to the high conduct expected of all participants.
- \* Conduct during a Youth Baseball or Softball activity including practices, which shall be considered to be unsportsmanlike and detrimental may include but is not limited to:

1. Abusive or profane language, actions, or conduct directed against any official, player, coach, or spectator.
2. Conduct or actions which may be immoral, illegal, or offend a reasonable person.
3. Conduct or actions, which reflect unfavorably or discredit the Panorama Youth Baseball or Softball.
4. Alcohol beverages or Tobacco of any kind.

Violations of the above will subject the participant to appropriate actions by the Board or an Official officiating the game. Such action may include a warning, or immediate ejection from the game or practice. If such conduct constitutes gross misconduct detrimental to the sport the participant is subject to the dismissal by the Board.

**I/We further agree to abide by the CODES OF CONDUCT and understand that not doing so may result in the immediate loss of further participation in ALL Panorama Youth Baseball and/or Softball sponsored programs for a period of not less than 1 year.**

Parent or Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Player signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Release Acknowledgement

I/We know participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the Panora Parks Department, Little League Baseball, Inc., the City of Panora, the organizers, sponsors, participants, and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I/We will return any equipment issued in good condition as received except for normal wear and tear. I/We acknowledge that to volunteer for certain positions, I may be subject to a public records background search. I/We, the parents/guardians of the above named candidates for a position on a Youth Baseball or Softball team, hereby give my/our approval to participate in any and all Youth Baseball or Softball activities, including transportation to and from activities.

I/We also grant permission to qualified medical personnel, such as an E.M.T. to provide first aid to my/our child if injured during a practice, game, or transport in my absence.

Emergency Information:

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Medical Notes: \_\_\_\_\_