



Spring 2012



Vashon Youth Baseball Softball League Registration

2012 Registration is February 1 to 29

Registrations submitted on or after 3/1/12 will be automatically assessed a \$10 late fee and players put on a wait list.

League Sign up: Check Appropriate Box

- Shetland** - \$55 Coed Tee ball
(DOB May 1, 2005 to April 30, 2008)
- Pinto** - \$65 Coed Machine Pitch
(DOB May 1, 2003 to April 30, 2005)
- Mustang** - \$75 Boys Baseball
(DOB May 1, 2001 to April 30, 2003)
- Bronco** - \$90 Boys Baseball
(DOB May 1, 1999 to April 30, 2001)
- Pony** - \$150 Boys Off-island Travel Baseball
(DOB May 1, 1997 to April 30, 1999)
- Multi-Player Family Discount** deduct \$10 per child after

first full-paying child.

Please estimate skill level based on a scale of 1-5 (5 being best)

Skill Level circle one: 1 2 3 4 5

League Adjustment forms are available at Vashon Park District if your child's age does not correspond to their skill level. League assignments are based on age, not grade level, in accordance with the Pony National rules.

- I would like to volunteer as:
- Head Coach Assistant Coach Sponsor Other

Donations of any amount help - Please consider donating to Vashon Park District's Reduced Fee Fund so every child can play.

- Yes I want to donate to the Reduced Fee Fund.\$ _____
- Yes I want to donate to the Vashon Fields Fund.\$ _____

Questions? Contact Us!

(206) 463-9602 phone
(206) 463-9614 fax
www.vashonparkdistrict.org

17130 Vashon Hwy SW
P.O. Box 1608
Vashon Island, WA 98070

Office Hours:
8 a.m. to 4 p.m.,
Monday thru Friday

IMPORTANT! Registration is only complete when accompanied by minimum payment and signed registration forms including, when applicable, Payment Plan Paperwork, Reduced Fee Application and/or Supporting Documentation

VYBS Clinics

These indoor clinics will be an exceptional opportunity for baseball-loving youth to work with some volunteer coaches. One will be a fast-paced, action-packed indoor clinic designed to introduce players to the “big time” of machine-pitch baseball. The other a specialized Bronco/Mustang level on agility, skill and polish, to all aspects of the game. Please come prepared to have fun!

Don't forget to bring a snack and water bottle.

Pinto Clinic

Dates: March 30, & April 1, 2012

Ages: 8 and under **Times:** 4 PM to 6 PM

Location: VYBS Training Center

🏠 **Fee: \$30**

Mustang/Bronco Clinic

AKA Steve Hall Clinic

Dates: March 18 & 25, 2012

Ages: 9 and older **Times:** 3 PM to 6:30 PM

Location: VYBS Training Center

🏠 **Fee: \$40**

Training Center Membership

Brand new indoor batting cage opportunity for baseball - loving youth membership to VYBS Indoor Training Center. Once purchased Membership cards can be picked up at Vashon Park District or at the VYBS Training Center. Membership grants you access to the afternoon and evening league opportunities. Discounts available for Multiple Children. Please call the park district if registering more than one child per family to take advantage of your multi - Family Discount..

Financial assistance is available only when registering in person at Vashon Park District.

🏠 **One Month Membership - \$45**

🏠 **Three Month Membership - \$89**

🏠 **Six Month Membership - \$149**

🏠 **Yes I am signing up more than one family member. Please subtract 20% from my additional family members.**

VYBS	League: _____	Clinic: No YES \$30 or \$40
	League Fee: _____	Multi Child discount\$ _____
	Training Center Membership: \$ _____	
# Months	1 3 6	CCW _____ PP _____ RFA _____
Payment Date: _____ Amt: _____ TYPE: _____ CC _____ CHK# _____ Cash _____ Web _____		

Registration Information: Please complete sides 1 and 2 of this form. If you have a **Park District** On-line Profile fill out the * lines on side 1 and **all** of side 2. Be Sure to **read** and **sign** all the waivers, disclaimers and releases on side 2.

- * Name of Participant: _____
- * Date of Birth: _____ Grade: _____ Age _____ Gender _____
- * Parent or guardian name: _____
- * E-mail: _____ I do not wish to Receive promotional e-mail

Stop! If you have registered for a park district program in the last 6 months you do not need to fill out the below information. Please proceed to the waiver page.

Primary phone: _____

Secondary phone: _____ Other phone: _____

Mailing address: _____

Home address if different from above: _____

Emergency contact: _____

(Emergency contacts are **alternates** to the parent/guardian. List at least ONE.)

Phone: _____ Relation: _____

Emergency back-up contact: _____

Phone: _____ Relation: _____

I DO or DO NOT have any medical conditions.

Please list all medical conditions: _____

Doctor name: _____ Doctor phone: _____

Location: _____

How did you hear about this program? Newspaper Website Mass email Poster

School registration packet Word of mouth Billboard Repeat session Other

Yes! I want to spread my payment over the course of this Program. Please give me a **Payment Plan** form

Payment Plans are a contract promising to pay scheduled installments to be completed at the conclusion of this program.

Yes! I would like to apply for a **Reduced Fee Award**. Applications are available upon request in the VPD office. Proof of household income is required and valid for up to 6 months.

Yes! I want to **donate** to VPD's Reduced Fee Fund. Amount: \$ _____ Thank you!

Disclaimer, Release and Waivers

Vashon Park District Refunds & Cancellations: Refunds will be issued only if requested no fewer than 7 business days prior to program start date OR in the event of documented medical reason or significant family emergency. ALL refunds will be assessed a \$25 processing fee.

Disclaimer: In consideration of the Vashon Park District allowing my participation in this class, I hereby consent to such participation, acknowledging the risks involved and assuming all such risks. I agree to release, indemnify and hold the Vashon Park District, their commissioners, coaches, instructors, volunteers, organizers, agents and employees, harmless from and against any and all claims, actions, suits, losses, liability, costs, expenses, and damages of any nature whatsoever, including costs and attorneys fees in defense thereof, for injuries, sickness, or death, which are caused by, or arise out of my participation in any portion of the program or any activity incidental thereto, provided, that nothing herein requires me to release, indemnify or defend for injuries, sickness or death caused by or arising out of the sole negligence of the Vashon Park District, their commissioners, employees or agents.

Signature: _____ Date _____

(Parent/Guardian/Participant if 18+ years old signature)

Please print name _____

Photo Release:

I hereby give to Vashon Park District, its designees, agents, and assigns, perpetual, non-exclusive, royalty-free, and unlimited permission to use, publish and republish reproductions of my or my children's likeness (photographic or otherwise), with or without identification of me or them by name, in print, electronic, or any other medium, including but not limited to our web site and in any publicity or other materials.

Consent of parent or legal guardian if above individual is a minor

I consent and agree, individually and as a parent or legal guardian of the **minors name listed below**, to the foregoing terms and provisions.

1) _____ 2) _____ 3) _____

Signature of Parent or Legal Guardian

Date

Relationship to minor

Concussion Waiver:

I, _____, have read and understand the **Concussion Information sheet** provided by Vashon Park District and hereby release VPD, the VI School District, their employees, agents, volunteers, and designees from any liability related to my child suffering a Concussion/Head Injury while engaging in this activity. Parent/Guardian Initial _____

Mail completed form to: VASHON PARK DISTRICT, P.O. BOX 1608 Vashon, WA 98070 or

Place in the secure mail slot drop box on the north entrance of the District Office at Ober Park facing the parking lot or

Register online at www.vashonparkdistrict.org.