

TOWN OF ELLENBURG

2025 SOFTBALL/BASEBALL & SOCCER REGISTRATION FORM



Please fill out this form and return by email to: magoonheather@yahoo.com

Player Information		
Childs Name:		Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Date of Birth:		Current age:

Contact Information		
Physical Address:		
Parent/Guardian name:		
Phone #:		
In case of emergency and I can't be reached: Name and Phone:		

Other Information		
Allergies (include food):		
Physical Limitations:		
Shirt Size:	Youth: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	Adult: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L
Interested in Coaching?	Sport:	Level:

BASEBALL/SOFTBALL – ages 7-16

Childs age as of 7/31/25 _____

T-BALL – ages 4-6

Childs age as of 7/31/25 _____

SOCCER – ages 4-13

Childs age as of 10/31/25 _____

****Please complete page 2****

WAIVER & RELEASE OF LIABILITY

DISCLAIMER: My child, _____, has my permission to participate in the Town of Ellenburg Sports and Programs. I understand that participation in sports activity involves rigorous physical activity and creates a risk of physical injury, as the parent or guardian of the above-named child, I assume that risk. I hereby consent to emergency transportation and treatment of my child in the event illness or injury. I further certify that my child named here is in good physical condition and have no pre-existing medical or physical condition that would further endanger the health, safety, or welfare of my child should he or she participate in youth commission sports activities. As the parent and/or guardian of the above name child I hereby covenant and agree to the release and hold harmless to the extent permissible by law, the Town of Ellenburg and its employees from any liability, loss, damages, claims, or actions for bodily injury and /or property damages occurring by reason of the participation of my child in Youth Commission sports and program activities.

Parent or Guardian Signature	Name	Date
------------------------------	------	------

PHOTO RELEASE

I give permission for the Town of Ellenburg to release pictures taken of my child, _____, during participation in Town Team Sports/and or Programs.

yes, I agree no

Parent or Guardian Signature	Name	Date
------------------------------	------	------

Please Contact Heather Magoon with any questions: 518-569-1018 call / text

Please return by April 14th