

# Village of Pioneer Summer Recreation



## 2025 Jr High Spring Softball & Baseball Registration Form

**EACH CHILD HAS TO TURN IN A COMPLETED FORM  
NO REFUNDS AFTER FINAL DAY TO SIGN UP**

**FINAL DAY TO SIGN UP JANUARY 13<sup>TH</sup> 2025**

- Pictures will be March 7<sup>th</sup> at the school with High school spring sports
- This is for the **SPRING** season **ONLY**. Your child must sign up for summer season during the summer sign-ups in February
- Form must be returned completed with birth certificate and **\$50** payment, cash or check is accepted
- Form can be turned into the high school office or the Village office at 409 S State Street

Child's Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email \_\_\_\_\_

CIRCLE ONE: BASEBALL or SOFTBALL

CIRCLE ONE: Shirt Size (Adult) XS S M L XL

CIRCLE ONE: Sock Size YOUTH ADULT

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Village of Pioneer Summer Recreation

## Emergency Medical Authorization & Release Form

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Purpose of this document is to enable parents and guardians to authorize the emergency treatment for children who become ill or injured when parents or guardians cannot be reached.

In the event of reasonable attempts to contact me \_\_\_\_\_ at \_\_\_\_\_

or \_\_\_\_\_ at \_\_\_\_\_ have been unsuccessful, I hereby give  
Name Number

my consent for administration of any treatment deemed necessary by medical professional.

I, hereby release The Village of Pioneer and its administrators, directors, and employees from any and all liability from property damage, personal injuries, or other claims arising from or in connection with my child's participation in activities, including claims that are known and unknown, foreseen and unforeseen, future or contingent.

This authorization does not cover major surgery unless the medical opinions of another licensed medical professional, concurring in the necessity for such a surgery, are obtained prior to the performance of such surgery. Please list facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a medical professional should be alerted.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date