



2025 Crosslake Baseball Registration Form



REGISTRATION DEADLINE MARCH 26TH Crosslake Parks and Recreation Department will determine at that time if there are enough registrations to field a team; if not, players will be contacted to provide the opportunity to register in other communities before their deadlines.

Registrations will be taken for a team until the deadline. It is **YOUR RESPONSIBILITY** to get your registration in before the deadline. If registration numbers require the addition of another team at a particular level, this office will ensure any siblings or family members (i.e., coach/child), will be placed on the same team. No other placement requests can be guaranteed.

Coaching One registration fee per family will be waived as a thank you to any volunteer coach. Maximum of **2** coaches per team. All prospective coaches must include payment with their child's registration. The Parks and Recreation Director will determine coaches and a refund will be provided if chosen.

All Coaches will be required to undergo a criminal background check before April 1st and complete a volunteer coaching application.

Without volunteer coaches we will not be able to provide programs for your child.

Would you be willing to be a volunteer coach this season?

Please Circle Yes or No

REGISTRATION & FEES:

Note: If registering more than one player at different levels, separate checks must be submitted.

***Please indicate CURRENT (2024-2025) GRADE LEVEL and PAYMENT below:**

Baseball Level:	Ages:	Fees:	
_____ T-Ball	*(Kindergarten)	_____ \$35.00	*Must be currently enrolled
_____ Mustangs	(Grades 1 and 2)	_____ \$35.00	
_____ Colts Baseball	(Grades 3 and 4)	_____ \$45.00	
_____ Broncos Baseball	(Grades 5 and 6)	_____ \$45.00	

Girls interested in playing softball should contact Pequot Lakes Youth Sports at 218-568-9342

Please Print

Participant Name _____ Grade _____ Age _____

Primary Phone _____ This should be a number the Coach or Parks & Recreation Department can contact you at by text or call during this sport/activity season

Mailing Address _____ City _____ Zip _____

Birth Date ____/____/____ **Specify Shirt Size: Youth or Adult and S, M, L, XL** **Size:** _____
(i.e.) YL

Parent/Guardian Name _____

Secondary Phone (cell/work) _____ Email Address _____

Emergency Contact _____ Phone # _____

Please indicate any special considerations regarding your child's health. _____

Parents must complete Youth Sports Protection Policy and Liability Waiver on page 2.

OVER→

CROSSLAKE PARKS AND RECREATION POLICIES:

Refund Policy: No refunds will be given after the second team practice.

Crosslake Program Policies: Participation is **NOT** guaranteed to **ANY** registrants after the deadline. It is **YOUR** responsibility to register before the deadline. **ALL registrations must be done through this office, NOT with a coach.**

Youth Sports Child Protection Policy

Parent or guardian will be required to attend and be present at all practices and games.

****IMPORTANT: Please initial that you have read and will abide by this policy.**

***Initial Above**

REGISTRATION REQUIREMENT CHECK:

- 1) Completed registration form with volunteer coach request indicated (front page)
- 2) Initial child protection policy (above)
- 3) Waiver signed (below)
- 4) Payment

Please make checks to: **City of Crosslake**

- 5) Return or mail to: Crosslake Parks and Recreation Office
14126 Daggett Pine Rd
Crosslake MN 56442

WAIVER AND RELEASE/PRIVACY POLICY

Please read carefully before signing.

- 1. I desire my child (or ward) to participate in the Crosslake Youth Baseball Program (the "Activity") coordinated by the City of Crosslake and coached by appointed volunteers (collectively, the "City").
- 2. My child (or wards) participation in the Activity is voluntary. I acknowledge that participating in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I assume any and all risks, both known and unknown, while my child (or ward) is participating in the Activity.
- 3. To the best of my knowledge my child (or ward) is physically fit and has no physical or medical conditions that would prevent my child (or ward) from participating in the Activity. I acknowledge that the City recommend that prior to participating in the Activity, I should first consult with my physician and abide by any limitations set by my physician.
- 4. I understand and agree that neither the City or any person acting on behalf of the City, may be held liable in any way for any event which occurs in connection with the Activity which may result in harm, death, injury or other damage to my child (or ward). This waiver of liability does not waive liability for any injuries that my child (or ward) obtains as the result of willful, wanton or intentional misconduct by the City or any person acting on behalf of the City.
- 5. I agree to defend, indemnify and hold harmless the City for any expense or liability the City may incur as a result of my child's (or ward's) conduct, actions or omissions while participating in the Activity.
- 6. The terms of this Waiver and Release shall bind the members of my family, if I am alive, and my heirs, assigns and personal representatives if I am deceased.
- 7. The City of Crosslake is asking you to provide information which includes private information under the Minnesota Government Data Practices Act. This information will be used to enroll you in the program, in the administration of the program, and for emergency purposes. You are not legally required to provide the information the City is requesting and you may refuse to provide some or all of the information requested. However, the City may not be able to enroll you in the program if you do not provide sufficient information. With some exceptions, unless you consent to further release of private information, access to this information will be limited to City Employees and Agents involved in the program. However, state and federal law authorize release of private information without your consent if required by a court order, or permitted by other state or federal law.
- 8. I have read the above and understand the legal significance of signing this document.

*I certify that I am the parent or legal guardian of the above individual and hereby consent to his or her participation in the Activity. I have read and understand the above waiver and release of liability and I agree to be bound by the terms stated therein.

Parent/Guardian Signature

Date

Office Use Only

Baseball @CCC 2025

Paid _____

Receipt # _____