



City of Socorro Recreation Department

Youth Baseball Registration Form

Due by April 24, 2024 (NO EXCEPTIONS)

Please return to Finley Gym located a 202 McCutcheon Ave.

Participant's Name: _____ Birthdate: _____ Age: _____
Address: _____ City: _____ Zip: _____

Parent/Guardian Information

Name: _____ Relation: _____ Address: _____

City: _____ Home Phone: _____ Work: _____

Cell: _____ Email: _____

Emergency Contact

Name: _____ Relation: _____ Address: _____

City: _____ Home Phone: _____ Work/Cell: _____

League (Check one of the following)

Mighty Mites (4-6 years old) \$20.00: _____

Sophomores (7-9 years old) \$20.00: _____

Little League (10-12 years old) \$20.00: _____

Shirt Size

Youth Small (6-8): _____ Youth Medium (10-12): _____ Youth Large (14-16): _____

Adult Small: _____ Adult Medium: _____ Adult Large: _____ Adult Extra Large: _____

*****Shirts are NON-EXCHANGEABLE*****

Does your child have any special conditions we should be aware of (physical or otherwise)? If so, please list: _____

Volunteer (Please Check)

Head Coach: _____ Assistant Coach: _____ Other (please list): _____

To be allowed to volunteer in this youth program, the City of Socorro Recreation department will run background checks on all volunteers.

Payment (Recreation Department)	
Total Price: \$ _____	Cash: _____
Check Number: _____	Receipt Number: _____
Make checks payable to: City of Socorro	

I, as parent and/or guardian with legal responsibility for this participant, understand the nature of the Activity and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless, The City of Socorro, their respective administrators, directors, agents, officers, members, volunteers, employees, other participants, sponsors, advertisers, owners, lessors of premises on which the Activity takes place, (each considered one of the "Releases" herein) from all liability claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise, including negligent rescue operation and further agree that if, despite this release, I, the minor, or anyone of the minor's behalf, makes a claim on any of the releasees named above, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

I HAVE READ, FULLY UNDERSTAND, AND AGREE WITH THE TERMS OF THE WAIVER ON THIS FORM

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

Recreation Department Signature: _____ Date: _____



City of Socorro Recreation Department
photo release form

Please return to **Finley Gym, located at 202 McCutcheon Ave.**

Child's Name: _____ Age: _____

Parent/Guardian Information

Parent/Guardian's Name: _____

Parent/Guardian's Email: _____

Phone Number: _____

Emergency Contact

Parent/Guardian's name: _____

Parent/Guardian's Email: _____

Phone Number: _____

By signing this release, I give permission to the City of Socorro to take photos of my child and possibly post them to the City of Socorro Recreation's social media pages
