

~2026 Richland Center Youth Baseball/Softball (RCYBS)~

4K-2nd Grade Registration Form

Register by student's current grade in school

4K & K = T-Ball Skills & Fundamentals League with Games (RC only)

1st & 2nd Grade = Coach Pitch League with practices and Games (RC only, possible local tournament)

Practices start at the end of May with 2 practices a week and 2 games a week starting in June - first week in July

*******Sign-Up Night Thursday, January 29 4:30 - 7:00 pm @ Community Center*******

Registration: \$50 (Deadline: April 17) Late Registration: \$60 (Deadline: May 1)

Last Name: _____ First Name: _____ **Male / Female**

Current Grade: _____ (if K and your child is ready for coach pitch, let us know, we will make the decision along with the coach to move to coach pitch. They should be able to hit a soft toss and catch and throw the ball).

Parents and/or Guardian(s): _____

School(city if homeschool): _____ Emails: _____

Cell: _____ Cell: _____ Medical Issues/Concerns: _____

Shirt Size: Youth: ☐ YS (6-8) ☐ YM(10-12) ☐ YL(14-16) Adult: ☐ S ☐ M ☐ L ☐ XL

Fundraiser / Volunteer Options: (Check all boxes that apply)

I would like to be a ☐ Head Coach ☐ Assistant Coach Background checks are required

We are also in need of volunteers for grades 3-8 for field prep and umpires. Umpires get paid \$50 a game for behind the plate and \$30 per game for bases. Please email below if able to help. We pay \$10/field to individuals for field prep.

Be a sponsor We will gladly accept any donation to put towards improving our facilities and program. To make a donation please send payment to the registration location below.

Registration: Online registration at richlandcenteryouthsports.com, Sign-up night January 29th 4:30 - 7:00 pm at the Community Center or mail registration form & payment to: **RCYBS 25089 Five Points Drive Blue River WI 53518**. For questions contact Jessica Laeseke at 608-604-7634 or email to: rcybaseballsoftball@gmail.com

Consent of Medical Treatment:

I hereby give permission in the case of a medical emergency to have immediate care provided by a licensed physician or dentist. This medical care will be provided under necessary conditions to prevent any further serious complications that may occur if left untreated. This will be with the understanding that in an emergency, if an ambulance is needed, your full consent is also given.

Release of Liability:

I hereby agree to the following rules of Richland Center Youth Baseball and Softball recognizing that possible injury can be associated with the sport, and hereby release any action to be held against the coaches, umpires, and any associated personnel from any claim arising out of injury to my child. I hereby authorize or provide myself, the release of responsibility of any officers and /or board members involved with Richland Center Youth Baseball and Softball, Inc.

WIAA Concussion Policy:

As a Parent or Athlete, it is important to recognize the signs, symptoms and behaviors of a concussion. By signing the registration form you are stating that you understand the importance of recognizing these signs, symptoms and behaviors of a concussion or head injury. More information is available in the office or online. Please seek medical attention if there is any question.

Photo Release: I grant permission to RCYBS, its agents, and its volunteers the irrevocable and unrestricted right to produce photographs taken of my child, myself, and members of my family while at RCYBS sponsors games and events for any lawful purpose including publication, promotion, illustration, advertising, trade, or historical archive in any manner or in any medium by RCYBS. I hereby release RCYBS and its legal representatives from liability for any violation or claims relating to said images or video.

Parent and or Legal Guardian: _____ Date: _____