



# HOLLAND WALES BASEBALL & SOFTBALL REGISTRATION FORM

**2024 SEASON**

## PLAYERS INFORMATION

Players Name				Age	
Address				Date of Birth	
City	State	Zip	MM / DD / YYYY		
School			Grade	Birth Certificate Needed	
My Child Wants To Play <input type="checkbox"/> Check One			Baseball <input type="checkbox"/>	Softball <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Players are Grouped By Program as Follows **NOTE: Must turn 4 Years Old by 8/31/24 to Play**

PreK & K = T-Ball 1st & 2nd = Coach Pitch 3rd & 4th = Minor Kid Pitch 5th & 6th = Majors 7th & 8th = Juniors

*HWBSL will utilize Little League & USA Softball Age Guidelines and a Player's Experience when assigning players to Teams. Discretion is to be used by HWBSL Board, Coaches and Parents*

\$65.00 - TBall / Coach Pitch	\$85.00 - Minor / Majors	Total Due \$	All Payments Due by 3/15/24		
\$125.00 - Juniors Division - NEW for 2024			\$180.00 Max per Family		
SAVE \$10.00 if Volunteering		Payment Plan Available - 3 Installments	\$	\$	\$

\*Please Make Payment Out To: Holland Baseball Softball League

\*Mail to: Town of Holland Recreation C/O HWBSL - 27 Sturbridge Road, Holland, MA 01521

Parent or Guardian #1 / Name				Phone #	
Email	Volunteer Circle Choice		Y	N	If yes, Please fill out form. FORM RECEIVED
Parent or Guardian #2 / Name				Phone #	
Email	Volunteer Circle Choice		Y	N	If yes, Please fill out form. FORM RECEIVED
Volunteer Position Desired Check One	Head Coach	Assistant Coach	Dugout Helper	Team Parent - Helper	Snack Shack Helper

*If you are volunteering you must fill out the Volunteer Application. A copy of your government issued ID needs to be attached.*

	Medical Issue ?	Yes	No	If yes, Please Explain:
	Signing registration is an authorization for emergency personnel to treat your player.			Emergency Contact:
	Allergies / Medications:			

### Terms and Conditions:

- I / We approve the player listed above to take part in Holland Wales Baseball Softball activities. This includes possible transportation to and from an activity upon my/our verbal communication.
- I / We understand that participating in baseball or softball can result in injury. Protective equipment does not prevent all injuries. I / We also agree to hereby waive, release from liability the Holland Wales Baseball Softball organization, including associated organizers, board members, sponsors, participants, and persons transporting my / our child to and from activities from claim accommodating an injury sustained by my / our child resulting from negligence or any other cause.
- I / We understand that participation in Holland Baseball Wales Softball League activities includes possible exposure to an illness from infectious diseases including but not limited to MRSA, INFLUENZA, and COVID-19. I / We knowingly and freely assume the risk and hereby hold harmless HWBSL from liability including the associated organizers, board members, sponsors, participants, and persons transporting my / our child to and from activities.
- I / We understand that my / our personal information will not be used for personal use and or shared with anyone per HWBSL privacy policy. You may OPT OUT of communications at anytime. Just email HWBSL with the reply "OPT OUT".
- I / We understand that if volunteering the volunteer form must be filled out and is subject to a background check. In addition, I / We understand a copy of my / our state issued ID (License) is required.

Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_





# HOLLAND WALES BASEBALL & SOFTBALL UNIFORM ORDER FORM

**2024 SEASON**

## NAME, NUMBER & SIZE SELECTION

<b>Players Name</b>		<b>JERSEY # FIRST CHOICE</b>																					
<b>Print Last Name</b>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>																					<b>JERSEY # SECOND CHOICE</b>	

**Jersey will include Player's Last Name & Selected Number on the Back.**

JERSEY SIZE*		PANT SIZE*	
Youth X-Small		Youth X-Small	
Youth Small		Youth Small	
Youth Medium		Youth Medium	
Youth Large		Youth Large	
Youth XL		Youth XL	
Women's S		Women's S	
Women's M		Women's M	
Women's L		Women's L	
Women's XL		Women's XL	
Adult Small		Adult Small	
Adult Medium		Adult Medium	
Adult Large		Adult Large	
Adult XL		Adult XL	

*\*The League will be offering "sizing" days where your player can verify their size selection and try on uniforms pieces.*

**ALL Players will be provided a Jersey, Pants, Belt, Socks & Hat (TBall & Baseball) or Visor (Softball)**

### Terms and Conditions:

*I acknowledge that my size selection is correct and if undecided, I will attend a League "sizing" event to verify my selections. HWBSL is not responsible for any errors resulting from my choice. I hereby assume responsibility for the cost of correcting my error.*

**Parent or Guardian Print Name** \_\_\_\_\_

**Parent or Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## VOLUNTEER APPLICATION

<b>Name</b>	
<b>Email Address</b>	

### ALL INFORMATION IS CONFIDENTIAL & DESTROYED AFTER EACH SEASON

You will receive a request via email from Quaboag Valley Little League and JD Palantine (JDP) to complete your volunteer application and background check. HWBSL and QVLL does not have access to social security #'s or other sensitive information via this process.

AS A CONDITION OF VOLUNTEERING, I give permission to the Holland Wales Baseball Softball organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the Holland Wales Baseball Softball organization, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Holland Wales Baseball Softball organization is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Holland Wales Baseball Softball policies or principles.

Note: The Holland Wales Baseball Softball Organization will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation, or disability.