



Westview Jr. Baseball & Jr. Softball

2010 Registration Form

www.westviewbaseball.org | www.westviewjuniorsoftball.com

For Office Use Only	
Date Rec'd	_____
Check #	_____
Amount \$	_____
Batch #	_____

Forms without proper fees paid or a Parent/Guardian signature will not be processed.
Registrations turned in after the registration date will only be accepted if there is room on a team.

PLAYER INFORMATION

LAST NAME _____ FIRST NAME _____ MI _____ PARENTS _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ MOM'S CELL _____ DAD'S CELL _____

BIRTH DATE ____/____/____ CURRENT GRADE _____ SCHOOL _____ EMAIL ADDRESS _____

DO YOU RESIDE IN WESTVIEW HS BOUNDARIES? YES NO LEAGUE PLAYED IN 2009 _____

VOLUNTEER OPPORTUNITIES: COACH ASST COACH TEAM PARENT SPONSOR 2011 BOARD MEMBER

LEAGUE INFORMATION (PLEASE MARK APPROPRIATE BOX)

Birth certificates are required if this is a player's first year with this league.

BASEBALL LEAGUE	<input type="checkbox"/> T-ball	<input type="checkbox"/> Instructional	<input type="checkbox"/> Midgets	<input type="checkbox"/> Juniors	<input type="checkbox"/> Seniors
Age on Aug. 1, 2010	5-7 yrs	7-8 yrs	9-10 yrs	11-12 yrs	13-14 yrs
Registration Fee	\$65	\$80	\$110	\$120	\$160
THPRD User Fee	\$15	\$15	\$ 20	\$ 20	\$ 25
* Total Registration Fee	\$80	\$95	\$130	\$140	\$185
Registration Due Date	April 19	April 19	February 22	February 22	February 15

SOFTBALL LEAGUE	<input type="checkbox"/> U-8	<input type="checkbox"/> U-10	<input type="checkbox"/> U-12
Age on Jan. 1, 2010	5-7 yrs	8-10 yrs	11-12 yrs
Registration Fee	\$65	\$100	\$120
THPRD User Fee	\$15	\$ 20	\$ 20
* Total Registration Fee	\$80	\$120	\$140
Registration Due Date	April 19	February 22	February 22

PHYSICAL CONDITION/MEDICAL CONSENT

List any player medical conditions, Allergies, or Medications that the league/coach should be aware of: _____

I, the parent/guardian of _____, give my consent for emergency medical treatment of my child for illness or injury if I cannot be contacted.

Doctor _____	Doctor Phone _____
Dentist _____	Dentist Phone _____
Medical Insurance Co _____	Policy/Group # _____
Dental Insurance Co _____	Policy/Group # _____
Emergency Contact _____	Phone _____
Parent Signature _____	Printed Name _____ Date _____

**MAIL COMPLETED FORM, FEES DUE,
AND A COPY OF BIRTH CERTIFICATE TO:**
Westview Junior Baseball/Softball
PMB #119, 2373 NW 185th Ave.
Hillsboro, OR 97124

REFUND POLICY
There is a \$20 non-refundable portion of the registration fee. Refund requests must be presented to the league prior to being placed on a team. No refunds will be granted after this point.

NON SUFFICIENT FUNDS POLICY
There is a \$25 charge on all checks returned due to Non Sufficient Funds