



## **2019 Viking Center** **Softball/Baseball Program**

**We will have teams for the following grades:**

1<sup>st</sup>-2<sup>nd</sup> grade Softball & Baseball  
3<sup>rd</sup>-4<sup>th</sup> grade Softball & Baseball  
5<sup>th</sup>-6<sup>th</sup> grade Softball & Baseball  
Jr. High Softball & Baseball

**Registration fee for the program:**

Viking Center Members:	<b>Free</b>
Non-members:	<b>\$30</b>

**Uniform order sheets are separate.** If a uniform is needed, it is an additional cost on top of the program fee. Before a uniform is ordered, all payment fees must be turned in, this includes Non-member fee (if applicable) and the uniform fee. **A uniform will NOT be ordered if payment is not received with registration forms.**

Please fill out the **Registration and Consent** form on the back of this sheet. Forms can be returned to the Viking Center or the Stanton Elementary Office. Registration and payment is **due NO LATER than Monday April 21<sup>st</sup>**. All checks made payable to: Stanton Viking Center, 501 Elliott St, PO Box 42, Stanton IA 51573.

If you have any questions, please contact the Viking Center at: 712-829-2900 or email: [vikingcenter@myfmtc.com](mailto:vikingcenter@myfmtc.com).

**\*\*Please fill out registration form and consent form on back side**

**Viking Center Competitive Softball/Baseball**  
**2019 Participation Consent Form**

(Please Print Information)

Player's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Current Grade in School: \_\_\_\_\_ Softball / Baseball (circle one)

Parent/Guardian Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work/Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

I, \_\_\_\_\_ would be interested in helping with umpiring/coaching  
(please circle one if interested) this summer.

**Registration Fee:**

Viking Center Members: **FREE**

Non-members: **\$30**

Check payable to: **Stanton Viking Center**

**Consent Form & Registration Fee Due By Monday April 21<sup>st</sup>, 2019**

We, the undersigned, being parent and/or guardians of:

\_\_\_\_\_

does hereby have our permission to participate in the Viking Center Softball/Baseball Program. We do hereby agree to provide our own medical insurance to cover injuries to said child, which may be caused or incurred during participation in said program. We hereby agree to hold harmless and relieve the Viking Center Softball/Baseball Program and Coaches from any liability in connection with any injuries received by the child during their participation in the program. This waiver of medical insurance and release of liability is signed after we have fully read the same and understand it. We hereby consent to the child's participation.

\_\_\_\_\_

Parent and/or Guardian Signature

\_\_\_\_\_

Date