

# Stilwell BaseBall 2012

## Mission Statement

*"To provide baseball to all BOYS AND GIRLS of Southeast Johnson County in a competitive, fun, and family environment with emphasis placed on fundamentals, sportsmanship, and the integrity of the game".*

It's time again to register for the Spring '12 season at Stilwell. Pre-K and Kindergarten will both be coach-pitch divisions. (Pre-K players need to be 4 years old as of 4/1/12). 1<sup>st</sup> and 2<sup>nd</sup> grade will both be machine pitch divisions. **Sign up early as space will be limited!** Each Pre-K and Kindergarten team will have a minimum of 10 and a maximum of 12 players. 1<sup>st</sup> and 2<sup>nd</sup> grade teams will have a minimum of 10 and a maximum of 13 players.

Walk-In Registration will be held at the KCPL Southland Service Center Bldg  
(Hwy 69 and 199<sup>th</sup> Street)

Saturday, Jan. 21st -- 9:00A to 12 Noon  
Saturday, Jan. 28th -- 9:00A to 12 Noon

Mail-In registrations will be accepted until 2/29/2012.

Fees include hat, shirt, & awards.

Pre-K and K ,	---	\$ 90 (Aprox. 10 Games)
1 <sup>st</sup> /2nd Grade	---	\$110 (Aprox. 12 games + Tournament)
Team Sponsorships	---	\$200

Practice will start Saturday April 1st. Games will start on Wednesday, May 2nd. The season should be finished by 6/30/2012 at the latest. Games will be played at Stilwell Elementary School located about ½ mile east of Old Metcalf on 199<sup>th</sup> St. (About 10 Minutes south of 135<sup>th</sup> st.) Parents are highly encouraged to volunteer for coach and assistant coach positions. Please complete the following information and return by 2/28/2012 to:

**Stilwell Baseball**  
**PO Box 273**  
**Stilwell, Ks. 66085**

Please visit our website: <http://www.stilwellbaseball.org>

**Commissioner**

**Rick Petermann (913) 244-9991**  
**Email --- [pete307@aol.com](mailto:pete307@aol.com)**

EMAIL ADDRESS !!!! \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Subdivision \_\_\_\_\_ School \_\_\_\_\_

Birthday \_\_\_\_\_ Sex \_\_\_\_\_ Home Phone \_\_\_\_\_

Grade 2011-2012 School Year (What your child is doing right now) \_\_\_\_\_

Father \_\_\_\_\_ Mother \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Coach 2011 (If Any) \_\_\_\_\_

Coach requested 2012 \_\_\_\_\_

Jersey Size - (Circle One) - (Youth - MED or LG / Adult - SM or MED)

Paid \_\_\_\_\_ Check # \_\_\_\_\_

Will you volunteer to be a "Head Coach" or "Assistant Coach" ? (Circle one if interested)

If you have any special requests such as friends you'd like your child to be on the same team with please list here. \_\_\_\_\_  
\_\_\_\_\_

**"Consent for medical treatment and participant waiver."**

As a parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. The undersigned agrees that the Stilwell Baseball Organization and its representatives, successors and assigns shall not be held liable for any illness or injury to person or damage to property resulting from participation in a Stilwell Baseball program. The undersigned also grants permission for the Stilwell Baseball Organization to use photographs for promotional purposes.

Printed name of Parent or Legal Guardian: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_