

SCHILLER PARK RECREATION DEPARTMENT

9638 W. Irving Park Road
Schiller Park, IL 60176
(847) 671-8580



2022 Fall Coed T-Ball Program Registration Form

The Schiller Park Recreation Department will be offering a T-Ball program for boys and girls ages 4-6 years old. Each player is required to have a mitt, bat, and helmet for both practices and games. All players are required to have a parent or legal guardian at each practice and game. The Schiller Park Recreation Department walk-in registration hours are Monday-Friday 9:00 am. -8:00 p.m. and Saturdays 8:00 a.m. - 5:00 p.m.

Registration: 7/5/22-8/4/22

Season start & end dates: 8/27/22 - 10/15/22

Cost: \$45.00 Resident
\$55.00 Non-Resident

NAME: (LAST) _____ (FIRST) _____ D.O.B _____

PARENT NAME: _____

ADDRESS: _____ CITY _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

AGE _____ MALE/FEMALE _____ E-MAIL _____

Jersey # _____ (request)

T-SHIRT SIZE (PLEASE CIRCLE) YOUTH SIZES S M L Adult size _____

PANT SIZE (PLEASE CIRCLE) YOUTH SIZES XS S M L Adult size _____

I fully understand that the Schiller Park Recreation Department their employees or representatives will not be held liable for injury or property loss incurred by me or my child. I understand that the Schiller Park Recreation Department does not carry medical insurance for participants in this program and any injuries incurred by my child while participating in this program will have to be covered by myself or my insurance agency.

Amount Paid \$ _____ Parent Signature _____ Date _____

Please list any allergies and/or special needs of participant, _____

**COACHES ARE NEEDED TO INSURE SUCCESS OF THE PROGRAM
YOUR TIME AND ASSISTANCE WOULD BE APPRECIATED**

_____ I AM WILLING TO BE A COACH

_____ I AM WILLING TO BE AN ASSISTANT COACH

Name of person interested/relation to child: _____

Preferred contact method: Phone _____

Email _____

Any questions or concerns please contact the division coordinators: The Schiller Park Recreation Department at 847-671-8580 or Coach Rocco at email roccopretzie@yahoo.com

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2022 Fall Girls Softball Program Registration Form

The Schiller Park Recreation Department will be offering an 8U (ages 7-8), 10U (ages 9-10), 12U (ages 11-12) and 14U (ages 13-14) girls softball program. Each is required to have a mitt, softball bat, helmet with mask, and a field face shield for both practices and games. The Schiller Park Recreation Department walk-in registration hours are Monday-Friday 9:00 a.m. - 8:00 p.m. and Saturdays 8:00 a.m. - 5:00 p.m.

Registration: 7/5/22-8/4/22
Season start & end dates: 8/27/22 - 10/15/22

Cost:	8U (7-8 yrs. old)	10U (9-10 yrs. old)	12U (11-12 yrs. old)	14U (13-14 yrs. old)
	\$80.00 Resident \$90.00 Non-Resident	\$100.00 Resident \$110.00 Non-Resident	\$100.00 Resident \$110.00 Non-Resident	\$120.00 Resident \$130.00 Non-Resident

NAME: (LAST) _____ (FIRST) _____ D.O.B. _____

PARENT NAME: _____

ADDRESS: _____ CITY _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

AGE _____ MALE/FEMALE _____ E-MAIL _____

Jersey # _____ (request)

T-SHIRT SIZE (PLEASE CIRCLE) YOUTH SIZES S M L Adult size _____

PANT SIZE (PLEASE CIRCLE) YOUTH SIZES XS S M L Adult size _____

I fully understand that the Schiller Park Recreation Department their employees or representatives will not be held liable for injury or property loss incurred by me or my child. I understand that the Schiller Park Recreation Department does not carry medical insurance for participants in this program and any injuries incurred by my child while participating in this program will have to be covered by myself or my insurance agency.

Amount Paid \$ _____ Parent Signature _____ Date _____

Please list any allergies and/or special needs of participant, _____

**COACHES ARE NEEDED TO ENSURE SUCCESS OF THE PROGRAM
YOUR TIME AND ASSISTANCE WOULD BE APPRECIATED**

_____ I AM WILLING TO BE A COACH _____ I AM WILLING TO BE AN ASSISTANT COACH

Name of person interested/relation to child: _____

Preferred contact method: Phone _____

Email _____

Any questions or concerns please contact the division coordinators: The Schiller Park Recreation Department at 847-671-8580 or Coach Rocco at email roccopretzie@yahoo.com

SCHILLER PARK RECREATION DEPARTMENT

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2022 Fall Youth Baseball Program Registration Form

The Schiller Park Recreation Department will be offering an 8U (ages 7-8), 10U (ages 9-10), 12U (ages 11-12) and 14U (ages 13-14) youth baseball program. Each player is required to have a mitt, bat, helmet for both practices and games. All players will be required to have a USA stamped bat (bat sizes are to be 2 ¼ to 2 5/8). The Schiller Park Recreation Department walk-in registration hours are Monday-Friday 9:00 a.m. - 8:00 p.m. and Saturdays 8:00 a.m. - 5:00 p.m.

Registration: 7/5/22-8/4/22
Season start & end dates: 8/27/22 – 10/15/22

Cost:	<u>8U (7-8 yrs. old)</u>	<u>10U (9-10 yrs. old)</u>	<u>12U (11-12 yrs. old)</u>
	\$80.00 Resident \$90.00 Non-Resident	\$100.00 Resident \$110.00 Non-Resident	\$100.00 Resident \$110.00 Non-Resident

NAME: (LAST) _____ (FIRST) _____ D.O.B. _____

PARENT NAME: _____

ADDRESS: _____ CITY _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

AGE _____ MALE/FEMALE _____ E-MAIL _____

Jersey # _____ (request)

T-SHIRT SIZE (PLEASE CIRCLE) YOUTH SIZES S M L Adult size _____

PANT SIZE (PLEASE CIRCLE) YOUTH SIZES XS S M L Adult size _____

I fully understand that the Schiller Park Recreation Department their employees or representatives will not be held liable for injury or property loss incurred by me or my child. I understand that the Schiller Park Recreation Department does not carry medical insurance for participants in this program and any injuries incurred by my child while participating in this program will have to be covered by myself or my insurance agency.

Amount Paid \$ _____ Parent Signature _____ Date _____

Please list any allergies and/or special needs of participant, _____

**COACHES ARE NEEDED TO INSURE SUCCESS OF THE PROGRAM
YOUR TIME AND ASSISTANCE WOULD BE APPRECIATED**

_____ I AM WILLING TO BE A COACH

_____ I AM WILLING TO BE AN ASSISTANT COACH

Name of person interested/relation to child: _____

Preferred contact method: Phone _____

Email _____

Any questions or concerns please contact the division coordinators: The Schiller Park Recreation Department at 847-671-8580 or Coach Rocco at email roccopretzie@yahoo.com



Schiller Park Recreation Department
Youth Baseball/Softball
Code of Ethics Pledge Governing
Parents/Guardian

I hereby pledge to provide positive support, care, and encouragement for my child participating in the Schiller Park Youth Program by following this Parent's Code of Ethics Pledge.

- ★ I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials before, during and after every game, practice, and or baseball event.
- ★ I will place the emotional and physical well being of my child ahead of personal desire to win.
- ★ I will insist that my child play in a safe and healthy environment.
- ★ I will refrain from using any type of profanity to any coach, official, or player while in attendance of ANY Schiller Park Youth Program Event.
- ★ I will respect the spectators in attendance of any Schiller Park Youth Program Event and expect that I will be treated the same.
- ★ I will support the coaches and officials working with my child in order to encourage a positive and enjoyable experience for all.
- ★ I will demand a sports environment be free of drugs and alcohol and I will refrain from their use at all Schiller Park Youth Program Events.
- ★ I will remember that the game of Baseball or Softball is for the fundamental development of players and not for the advantage of adults.
- ★ I will do my very best to ensure that Baseball or Softball is fun for my child.
- ★ I will insist that my child treat other players, coaches, fans, and officials with respect regardless of race, gender, creed, or ability; and I will do the same.
- ★ I promise to help my child enjoy their sport (Baseball or Softball) by doing things such as; assisting with coaches, providing transportation and or volunteering my time.
- ★ No Parent/Guardian shall hit or strike another Parent, Player, Coach, Umpire, Staff or Village Official. This will be an immediate dismissal from the program with NO refunds.

I have read and agree to follow this Parental Code of Conduct and abide to its declaration to ensure a very successful season.

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____



**Schiller Park Recreation Department
Youth Baseball/Softball**

***Code of Ethics Pledge Governing
Players***

I hereby pledge to be positive about my Baseball or Softball experience and accept responsibility for my participation by following this Player's Code of Ethics Pledge.

- ★ I will encourage good sportsmanship from my fellow player's coaches, officials, and my parents at every game and practice by demonstrating good sportsmanship myself.
- ★ I will attend every practice and game that I can. I will notify my Manager or Coach if I cannot attend a game. I understand the importance of participating in all events and my absence will have a major impact on my team.
- ★ I will do my best to listen and learn from my Manager and Coaches.
- ★ I will treat my Manager, Coaches, Players, and Officials with respect, regardless of gender, race, or ability to play.
- ★ I will not use any type of profanity towards players, officials, or my coaches; nor will I accept this from anyone else.
- ★ I deserve to have fun during my Baseball or Softball experience, and I will inform my coaches when it is not fun anymore.
- ★ I deserve to play in an environment that is drug and alcohol free. I expect adults to refrain from their use at all Schiller Park Youth Program Events.
- ★ I will encourage my parents to be involved with my team in some capacity because it is important to me.
- ★ I will remember that Baseball/Softball is an opportunity to learn and have fun.
- ★ No Player shall hit or strike another Player, Coach, Parent, Umpires, Staff or Village Officials. This will be an immediate dismissal from the Program with NO refunds.

Player/Parent Signature: _____

Date: _____