

BRIGHTER DAYS BASEBALL

REGISTRATION FORM

Family Last Name _____

Address _____

Email (Important as this is our main means of communication)

Phone Number _____

Parent(s)/Guardian(s) Names _____

I understand and agree that Brighter Days and its staff will assume no responsibility for any injuries or medical expenses incurred by my child/children or myself. We agree to hold harmless, Brighter Days, from liability for injury or damage to person or property as a result of said student's participation in Brighter Days activities. I also understand the mission of Brighter Days is to nurture spiritual growth by using Bible scriptures, prayer, and God honoring actions at all practices/events.

Signature/Date _____

I, consent and agree that Brighter Days, its' employees, or volunteers have the right to take photographs of my child during class, and to use these in any and all media, now or hereafter known.

I do hereby release to Brighter Days, its' agents, and employees all rights to exhibit this work in print and electronic form publicly or privately.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name of adult AND child's name

Signature

Date

Please fill in one line for each child. You will receive an email confirmation upon receiving the registration form and payment. **By completing the form, you agree to meet once a week (weather permitting), on**

Wednesdays, starting May 22, 2024 and going through August 7, 2024. We will NOT meet on July 3.

Additional fees could be acquired, if participating in tournaments.

Interested in helping coach? yes no

Know a business owner who might be interested in sponsoring a team? yes no

Child's Name	Child's Birthdate	Learning/ Sensory Concerns	Pick a time slot (1) 5:00 – 6:30 - 6-9 years OR (2) 6:00 – 7:30- 10-14 years	Total cost

For Staff Use Only:

Payment Type: Cash Amount _____ Check Amount _____

Credit Card Amount for class(es) plus 4% of that amount for a processing fee _____

Card # _____ Exp. _____ CVV _____ Billing zip code _____

Please make checks payable to Brighter Days Dance and mail the registration form and check to 2593 N. Humpty Dumpty Rd. Reedsville, WI 54230

OR

Fill out the form with a credit card number and email to brighterdaysdance@gmail.com

*****withdraw from the summer baseball league is subject to a \$10 processing fee*****