

Register and pay online @ <https://wauseon.recdesk.com>

## WAUSEON RECREATION

### BASEBALL

2020 CITY LEAGUE FOR GRADES 1 THRU 8

REGISTRATION FEE: \$40

REGISTRATION DUE: FRIDAY, FEBRUARY 28, 2020

RETURN FORM TO: WAUSEON RECREATION 765 E. LINFOOT ST OR MAIL FORM TO: 230 CLINTON ST.

MAKE CHECK PAYABLE TO: WAUSEON RECREATION ASSOCIATION (WRA)

Registrations turned in after February 28 will be subject to a late fee of 25% (\$10.00) and only accepted if space is available on rosters. Games begin the week of May 25 and will run through June—depending on the league.

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

AGE \_\_\_\_\_ CURRENT GRADE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

EMAIL \_\_\_\_\_

<b>LEAGUES ARE BASED BY THE GRADE OF THE STUDENT FOR THE 2019/20 SCHOOL YEAR.</b>  _____ Rookie LL (Grades 1-2)  _____ Minor LL (Grades 3-4)  _____ Major LL (Grades 5-6)  _____ City Pony (Grades 7-8)	<b>TEAM T-SHIRT ORDER</b> (included in cost of registration) <b>PLEASE CIRCLE YOUR CORRECT T-SHIRT SIZE BELOW:</b>  YOUTH:    YS                      YM                      YL ADULT:       S                      M                      L                      XL  NAME ON BACK: _____ NUMBER: _____
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**\*PARENTS MUST COMPLETE PARENT CODE OF CONDUCT FORM FOR YOUR CHILD TO PARTICIPATE**

- Rookie league games will be played on Mondays & Wednesday @ 5:30 pm & 7:00pm on the north end diamonds.
- LL Minor games will be played any day Mon-Thurs with some travel possible. Most game times are 5:30pm & 7:00pm.
- LL Major games will be played any day Mon-Thurs and travel will be required.
- City Pony league will require a minimum of 20 participants in order to play. Otherwise, a full refund will be given.
- All schedules are subject to change.



## **Registration & Acknowledgement of Risk Form**

All information is for Recreational Department use only  
City of Wauseon Department of Recreation  
765 E. Linfoot Street  
Wauseon, OH, 43567

IF YOUR CHILD HAS PARTICIPATED IN ANY OTHER PROGRAMS SPONSORED BY THE RECREATION DEPT. DURING THE CALENDAR YEAR, IT IS STILL REQUIRED THAT ALL OF THE OTHER INFORMATION ON THIS PAGE IS COMPLETED. FORM MUST BE COMPLETED IN ITS ENTIRETY.

**PARTICIPANT'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELLULAR PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_  
(PARENT/GURDIAN)

**DATE OF BIRTH:** \_\_\_\_\_ **PARENT'S NAME(S):** \_\_\_\_\_

**GRADE:** \_\_\_\_\_ **SCHOOL ATTENDING:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
(OTHER THAN PARENT)

**EMERGENCY CONTACT #2:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
(OTHER THAN PARENT)

**DOCTOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**DENTIST:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**HOSPITAL PREFERRED:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**SPECIAL LIMITATIONS/CONDITIONS/ALLERGIES:** \_\_\_\_\_

I recognize that the City of Wauseon, Wauseon Recreation Association, and any of its co-sponsors including other entities, their employees or agents, assume no responsibility for myself or my child. I will assume all risks may arise from this participation. I also hereby waive any claims against the City of Wauseon, the Recreation Association, its co-sponsors, their departments, officers, employees or agents from any injuries or loss that may arise from participation. In the event a reasonable attempt to contact me is unsuccessful, I hereby give my consent for transportation of the above participant for medical treatment. This release includes off-site transportation of program participants to and from city facilities, for related field trips, and programmed activities. I acknowledge that I retain to assert any claims that arise from the gross negligence or misconduct of the City of Wauseon, the Wauseon Recreation Association, or any of its co-sponsoring entities, their officers, employees or agents.

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

# WAUSEON RECREATION

## 2020 SUMMER SOFTBALL

REGISTRATION DUE: FEBRUARY 28, 2020

RETURN FORM TO: 765 E. LINFOOT ST. OR MAIL FORM TO: WAUSEON RECREATION, 230 CLINTON ST.

MAKE CHECKS PAYABLE TO: WAUSEON RECREATION ASSOCIATION (WRA)

Participants will not be eligible to try-out without completing the registration form and paying the fees ahead of the tryout date. PLAYERS THAT DO NOT MAKE THE UPPER TEAM WILL BE PLACED ON A LOWER DIVISION TEAM.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Email \_\_\_\_\_ Grade \_\_\_\_\_

Age (As of January 1, 2020) \_\_\_\_\_ Birthdate \_\_\_\_\_

SELECT THE DIVISION AND SEASON(S) YOU WISH TO PLAY DURING 2020:

DIVISION:                8U                      10U                      12U                      14U

SEASON:                SPRING                                      SUMMER

FEE:                      ONE SEASON-\$50                      TWO SEASONS-\$80

### **JERSEY ORDER**

(Included in cost of registration)

**PLEASE CIRCLE YOUR CORRECT SIZE BELOW:**

YOUTH:      YS                      YM                      YL

ADULT:      S                      M                      L                      XL

NAME ON BACK: \_\_\_\_\_

NUMBER: \_\_\_\_\_

**\*PARENTS MUST COMPLETE PARENT CODE OF CONDUCT FORM FOR YOUR CHILD TO PARTICIPATE**

**YES! I would love to help coach a team** \_\_\_\_\_

- 
- The goal is to have enough participation for all age groups for each of the seasons. All age groups will travel to play softball during the seasons.
  - The spring league will be run in conjunction with Wizards softball organization.
  - The summer league team will play in either the Archbold or Fulton/Lucas softball leagues. Last year the 8U & 10U lower teams played in the Fulton/Lucas league. The 10U upper, 12U upper and lower teams plus the 14U played in the Archbold leagues.

Register and pay for all programs @ <https://wauseon.recdesk.com/Community>



## **Registration & Acknowledgement of Risk Form**

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City of Wauseon Department of Recreation  
765 E. Linfoot Street  
Wauseon, OH, 43567

IF YOUR CHILD HAS PARTICIPATED IN ANY OTHER PROGRAMS SPONSORED BY THE RECREATION DEPT. DURING THE CALENDAR YEAR, IT IS STILL REQUIRED THAT ALL OF THE OTHER INFORMATION ON THIS PAGE IS COMPLETED. FORM MUST BE COMPLETED IN ITS ENTIRETY.

**PARTICIPANT'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELLULAR PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_  
(PARENT/GURDIAN)

**DATE OF BIRTH:** \_\_\_\_\_ **PARENT'S NAME(S):** \_\_\_\_\_

**GRADE:** \_\_\_\_\_ **SCHOOL ATTENDING:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
(OTHER THAN PARENT)

**EMERGENCY CONTACT #2:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
(OTHER THAN PARENT)

**DOCTOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**DENTIST:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**HOSPITAL PREFERRED:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**SPECIAL LIMITATIONS/CONDITIONS/ALLERGIES:** \_\_\_\_\_

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\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

# WAUSEON RECREATION

## 2020 SUMMER TRAVEL BASEBALL

**REGISTRATION FEE: \$80.00**

REGISTRATION DUE: FRIDAY, FEBRUARY 21, 2020

RETURN FORM TO: WAUSEON RECREATION, 765 E. LINFOOT ST OR MAIL FORM TO: 230 CLINTON ST.

MAKE CHECKS PAYABLE TO: WAUSEON RECREATION ASSOCIATION (WRA)

Participants will not be eligible to try out without completing the registration form and paying fees by the scheduled due date. LATE REGISTRATIONS FOR TRAVEL TEAM WILL BE CONSIDERED BUT NOT GUARANTEED. Late registrations will be subject to a late fee of 25% (\$20). If the \$80 fee would cause a financial hardship, please contact the Wauseon Recreation Office. Financial assistance is available.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Email \_\_\_\_\_ Grade \_\_\_\_\_

Age (As of May 1, 2020) \_\_\_\_\_ Birthdate \_\_\_\_\_

Circle Team Signing up for:     **8U**                      **9U**                      **10U**                      **11U**                      **12U**

### **JERSEY ORDER**

(Included in cost of registration)

**PLEASE CIRCLE YOUR CORRECT SIZE BELOW:**

YOUTH:     YS                      YM                      YL

ADULT:       S                      M                      L                      XL

NAME ON BACK: \_\_\_\_\_

NUMBER: \_\_\_\_\_

**\*PARENTS MUST COMPLETE PARENT CODE OF CONDUCT FORM FOR YOUR CHILD TO PARTICIPATE**

- The goal is to have enough participation for each of the age level teams listed. If there is not enough participation a refund will be given and the player will have the choice of playing rec ball.
- Player will be available for 1-2 practices per week. Players will be available for some weekend play throughout the season. Player will be available for up to two league games per week.

Register and pay for all programs @ <https://wauseon.recdesk.com/Community>



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**PARTICIPANT'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELLULAR PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_  
(PARENT/GURDIAN)

**DATE OF BIRTH:** \_\_\_\_\_ **PARENT'S NAME(S):** \_\_\_\_\_

**GRADE:** \_\_\_\_\_ **SCHOOL ATTENDING:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
(OTHER THAN PARENT)

**EMERGENCY CONTACT #2:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
(OTHER THAN PARENT)

**DOCTOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**DENTIST:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**HOSPITAL PREFERRED:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**SPECIAL LIMITATIONS/CONDITIONS/ALLERGIES:** \_\_\_\_\_

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\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

# WAUSEON RECREATION

## 2020 TRAVEL BASEBALL

### 13U & 14U

REGISTRATION FEE: **\$100** NO REFUNDS NO EXCEPTIONS

REGISTRATION DUE: FEBRUARY 21, 2020

RETURN FORM TO: WAUSEON RECREATION 765 E. LINCOLN ST. OR MAIL FORM TO: 230 CLINTON ST.

MAKE CHECKS PAYABLE TO: WAUSEON RECREATION ASSOCIATION (WRA)

Participants will not be eligible to try out without completing the registration form and paying the fees by the scheduled date. If the registrant doesn't make the travel team, a full refund will be given. LATE REGISTRATIONS WILL BE CONSIDERED BUT NOT GUARANTEED. If the \$100 fee would cause a financial hardship, please contact the Wauseon Recreation Office. Financial assistance is available.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Email \_\_\_\_\_

Birthdate \_\_\_\_\_

Age (As of May 1, 2020) \_\_\_\_\_ Current Grade \_\_\_\_\_

### **JERSEY ORDER**

(Included in cost of registration)

**PLEASE CIRCLE YOUR CORRECT SIZE BELOW:**

YOUTH:    YS                      YM                      YL

ADULT:        S            M            L            XL            XXL

NAME ON BACK: \_\_\_\_\_

NUMBER: \_\_\_\_\_

**\*PARENTS MUST COMPLETE PARENT CODE OF CONDUCT FORM FOR YOUR CHILD TO PARTICIPATE**

- Pony League travel begins practicing and playing in the spring. Player will be available for 1-2 scheduled practices per week. Player will be available for two league games per week. Player will be available for weekend tournament play June-July.

Register and pay for all programs @ <https://wauseon.recdesk.com/Community>



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**PARTICIPANT'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELLULAR PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_  
(PARENT/GURDIAN)

**DATE OF BIRTH:** \_\_\_\_\_ **PARENT'S NAME(S):** \_\_\_\_\_

**GRADE:** \_\_\_\_\_ **SCHOOL ATTENDING:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
(OTHER THAN PARENT)

**EMERGENCY CONTACT #2:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
(OTHER THAN PARENT)

**DOCTOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**DENTIST:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**HOSPITAL PREFERRED:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**SPECIAL LIMITATIONS/CONDITIONS/ALLERGIES:** \_\_\_\_\_

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\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**



Register and pay online @ <https://wauseon.recdesk.com>

# WAUSEON RECREATION

## 2020 K-BALL LEAGUES

REGISTRATION FEE: \$40

REGISTRATION DUE: FRIDAY, FEBRUARY 28, 2020

RETURN FORM TO: WAUSEON RECREATION 765 E. LINFOOT ST OR MAIL FORM TO: 230 CLINTON ST.  
MAKE CHECK PAYABLE TO: WAUSEON RECREATION ASSOCIATION (WRA)

Registrations turned in after February 28 will be subject to a late fee of 25% (\$10.00) and only accepted if space is available on rosters. Games begin the week of May 25 and will run through June—depending on the league.

NAME \_\_\_\_\_ MALE OR FEMALE (Circle One)

PHONE # \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

**LEAGUES ARE BASED BY THE GRADE OF THE STUDENT FOR THE 2019/20 SCHOOL YEAR.**

Must be currently in Kindergarten

\_\_\_\_\_ K BALL Coach Pitch (Baseball)

\_\_\_\_\_ 6U Coach Pitch (Softball)

### TEAM T-SHIRT ORDER

(Included in cost of registration)

**PLEASE CIRCLE YOUR CORRECT T-SHIRT SIZE BELOW:**

YOUTH:    YS                      YM                      YL

ADULT:     S                      M                      L                      XL

NAME ON BACK: \_\_\_\_\_

NUMBER: \_\_\_\_\_

**\*PARENTS MUST COMPLETE PARENT CODE OF CONDUCT FORM FOR YOUR CHILD TO PARTICIPATE**

- K Ball games will be played on Tues & Thurs at 6:00 pm on the T-Ball fields.
- 6U Coach pitch softball games will be played on Mondays & Wednesdays at 6:00pm on the T-Ball fields and possibly the softball fields.
- All schedules are subject to change.



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City of Wauseon Department of Recreation  
765 E. Linfoot Street  
Wauseon, OH, 43567

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**PARTICIPANT'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELLULAR PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_  
(PARENT/GURDIAN)

**DATE OF BIRTH:** \_\_\_\_\_ **PARENT'S NAME(S):** \_\_\_\_\_

**GRADE:** \_\_\_\_\_ **SCHOOL ATTENDING:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
(OTHER THAN PARENT)

**EMERGENCY CONTACT #2:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
(OTHER THAN PARENT)

**DOCTOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**DENTIST:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**HOSPITAL PREFERRED:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**SPECIAL LIMITATIONS/CONDITIONS/ALLERGIES:** \_\_\_\_\_

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\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

# START SMART BASEBALL



Start Smart baseball teaches children (Ages 4-6) the basic motor skills necessary to play baseball while they work one-on-one and spend quality time with their parents. All Start Smart programs are held for four (4) sessions, and as the program advances exercises become increasingly more difficult as the class progresses and the children show improvement.

**Must be age 4-6 on May 1, 2020**, Start Smart programs disregard grade.

Program will be held on **June 1, 8, 15, and 22...5:00-6:00 at the T-ball fields.**

**\*PLEASE NOTE A PARENT OR GUARDIAN WILL BE REQUIRED TO PARTICIPATE IN ALL THE ACTIVITIES WITH THEIR CHILD.**

## **REGISTRATION FEE \$25.00—FORM DUE FRIDAY, APRIL 3, 2020.**

Late registrations will be subject to a late fee of 25% (\$6.25).

Make Checks Payable to the Wauseon Recreation Association or (WRA).

Return form to Wauseon Recreation Office-765 E. Linfoot St. Or

Mail Form to: Wauseon Recreation, 230 Clinton St., Wauseon, OH 43567

PARTICIPANTS NAME \_\_\_\_\_

PRIMARY PHONE NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ Age as of May 1, 2020 \_\_\_\_\_

PARENTS/GUARDIANS \_\_\_\_\_

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

T-SHIRT SIZE (circle size):    YS (6-8)      YM (10-12)      YL (14-16)    ADULT:    S      M      L

NUMBER ON BACK OF SHIRT \_\_\_\_\_

YES! I will volunteer with organizing the program: \_\_\_\_\_

Register and pay for all programs online @ <https://wauseon.recdesk.com>



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Wauseon, OH, 43567

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**PARTICIPANT'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELLULAR PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_  
(PARENT/GURDIAN)

**DATE OF BIRTH:** \_\_\_\_\_ **PARENT'S NAME(S):** \_\_\_\_\_

**GRADE:** \_\_\_\_\_ **SCHOOL ATTENDING:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
(OTHER THAN PARENT)

**EMERGENCY CONTACT #2:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
(OTHER THAN PARENT)

**DOCTOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**DENTIST:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**HOSPITAL PREFERRED:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**SPECIAL LIMITATIONS/CONDITIONS/ALLERGIES:** \_\_\_\_\_

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\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

# START SMART



## SOFTBALL

Start Smart softball teaches children (Ages 4-6) the basic motor skills necessary to play softball while they work one-on-one and spend quality time with their parents. All Start Smart programs are held for four (4) sessions, and as the program advances exercises become increasingly more difficult as the class progresses and the children show improvement.

**Must be age 4-6 on May 1, 2020**, Start Smart programs disregard grade.

Program will be held on **June 2, 9, 16, and 23...5:00-6:00 at the T-ball fields.**

\*PLEASE NOTE A PARENT OR GUARDIAN WILL BE REQUIRED TO PARTICIPATE IN ALL THE ACTIVITIES WITH THEIR CHILD.

### **REGISTRATION FEE \$25.00—FORM DUE FRIDAY, APRIL 3, 2020.**

Late registrations will be subject to a late fee of 25% (\$6.25).

Make Checks Payable to the Wauseon Recreation Association or (WRA).

Return form to Wauseon Recreation Office-765 E. Linfoot St. Or

Mail Form to: Wauseon Recreation, 230 Clinton St., Wauseon, OH 43567

PARTICIPANTS NAME \_\_\_\_\_

PRIMARY PHONE NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ Age as of May 1, 2020 \_\_\_\_\_

PARENTS/GUARDIANS \_\_\_\_\_

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

T-SHIRT SIZE (circle size):    YS (6-8)    YM (10-12)    YL (14-16)    ADULT:    S    M    L

NUMBER ON BACK OF SHIRT \_\_\_\_\_

Register and pay for all programs online @ <https://wauseon.recdesk.com>



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**PARTICIPANT'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELLULAR PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_  
(PARENT/GURDIAN)

**DATE OF BIRTH:** \_\_\_\_\_ **PARENT'S NAME(S):** \_\_\_\_\_

**GRADE:** \_\_\_\_\_ **SCHOOL ATTENDING:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
(OTHER THAN PARENT)

**EMERGENCY CONTACT #2:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
(OTHER THAN PARENT)

**DOCTOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**DENTIST:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**HOSPITAL PREFERRED:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**SPECIAL LIMITATIONS/CONDITIONS/ALLERGIES:** \_\_\_\_\_

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\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**



# WAUSEON RECREATION

## 2020 SPRING SOCCER



**REGISTRATION FEE \$30.00 (INCLUDES T-SHIRT)**

**GRADES 1-8**

**REGISTRATION DUE: FRIDAY, MARCH 6, 2020**

**REGISTRATIONS TURNED IN AFTER MARCH 6 WILL BE SUBJECT TO LATE FEES AND/OR NON-PARTICIPATION**

**RETURN FORM TO:**  
WAUSEON RECREATION  
765 E. LINFOOT STREET

**MAKE CHECKS PAYABLE TO:**  
WAUSEON RECREATION ASSOCIATION (WRA)

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

CIRCLE ONE: MALE FEMALE

DATE OF BIRTH \_\_\_\_\_ PARENT/GUARDIAN \_\_\_\_\_

CURRENT GRADE \_\_\_\_\_ EMAIL \_\_\_\_\_

### SCHEDULE:

#### 1st/2<sup>ND</sup> grade...

Saturdays 3/28, 4/4, 4/11, 4/18, 4/25	11:00-Noon
Thursdays 4/2, 4/9, 4/16, 4/23, 4/30	4:00-5:00pm

#### 3<sup>rd</sup> thru 8<sup>th</sup> grade...

Saturdays 3/28, 4/4, 4/11, 4/18, 4/25	Noon-1:30pm
Thursdays 4/2, 4/9, 4/16, 4/23, 4/30	5:00-6:30pm

### TEAM T-SHIRT ORDER

(Included in cost of registration)

**PLEASE CIRCLE YOUR CORRECT T-SHIRT SIZE**  
**BELOW:**

YOUTH:	YS	YM	YL
ADULT:	S	M	L XL

NAME ON BACK: \_\_\_\_\_

NUMBER: \_\_\_\_\_

**WE NEED COACHES!! YES** NAME \_\_\_\_\_ PHONE \_\_\_\_\_

Register and pay for all programs online @ <https://wauseon.recdesk.com/Community>

**\*PARENTS MUST COMPLETE PARENT CODE OF CONDUCT FORM FOR YOUR CHILD TO PARTICIPATE**

- This is a 5 week program ran in conjunction with the Wauseon varsity coaches and teams.
- The sessions will take place at Biddle Park on Soccer field #5.
- If you have any questions, please contact the Wauseon Recreation Office, 419-335-8334.



## **Registration & Acknowledgement of Risk Form**

All information is for Recreational Department use only  
City of Wauseon Department of Recreation  
765 E. Linfoot Street  
Wauseon, OH, 43567

IF YOUR CHILD HAS PARTICIPATED IN ANY OTHER PROGRAMS SPONSORED BY THE RECREATION DEPT. DURING THE CALENDAR YEAR, IT IS STILL REQUIRED THAT ALL OF THE OTHER INFORMATION ON THIS PAGE IS COMPLETED. FORM MUST BE COMPLETED IN ITS ENTIRETY.

**PARTICIPANT'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELLULAR PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_  
(PARENT/GURDIAN)

**DATE OF BIRTH:** \_\_\_\_\_ **PARENT'S NAME(S):** \_\_\_\_\_

**GRADE:** \_\_\_\_\_ **SCHOOL ATTENDING:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
(OTHER THAN PARENT)

**EMERGENCY CONTACT #2:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
(OTHER THAN PARENT)

**DOCTOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**DENTIST:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**HOSPITAL PREFERRED:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**SPECIAL LIMITATIONS/CONDITIONS/ALLERGIES:** \_\_\_\_\_

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\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**



# 2020 STRIDER



## TRACK & FIELD

REGISTRATION FEE \$25.00 (INCLUDES TEAM T-SHIRT)

NO REFUNDS, NO EXCEPTIONS

REGISTRATION DUE: **MAY 29, 2020**

REGISTRATIONS TURNED IN AFTER MAY 29 WILL BE SUBJECT TO LATE FEES AND/OR NON-PARTICIPATION

RETURN FORM TO:  
WAUSEON RECREATION  
765 E. LINFOOT STREET

MAKE CHECKS PAYABLE TO:  
WAUSEON RECREATION ASSOCIATION (WRA)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

CIRCLE ONE: MALE FEMALE

DATE OF BIRTH \_\_\_\_\_ PARENT/GUARDIAN \_\_\_\_\_

EMAIL \_\_\_\_\_

PLEASE CIRCLE THE GRADE YOU ARE CURRENTLY IN  
(2019-2020 SCHOOL YEAR).

GRADE 2

GRADE 3 & 4

GRADE 5 & 6

GRADE 7 & 8

### TEAM T-SHIRT ORDER

(Included in cost of registration)

PLEASE CIRCLE YOUR CORRECT T-SHIRT SIZE  
BELOW:

YOUTH:    YS                      YM                      YL  
ADULT:        S                      M                      L                      XL

NAME ON BACK: \_\_\_\_\_

NUMBER: \_\_\_\_\_

Register and pay for all programs online @ <https://wauseon.recdesk.com/Community>

\*PARENTS MUST COMPLETE PARENT CODE OF CONDUCT FORM FOR YOUR CHILD TO PARTICIPATE

Practices will be held from 5:00-6:15 PM on Monday, June 8 thru Friday, June 12 at the High School Track. The Club championships will be held @ 9:00 AM on Saturday, June 13.

Please be at the track on the starting date (June 8) as we do not notify participants by phone or email.



## **Registration & Acknowledgement of Risk Form**

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765 E. Linfoot Street  
Wauseon, OH, 43567

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**PARTICIPANT'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELLULAR PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_  
(PARENT/GURDIAN)

**DATE OF BIRTH:** \_\_\_\_\_ **PARENT'S NAME(S):** \_\_\_\_\_

**GRADE:** \_\_\_\_\_ **SCHOOL ATTENDING:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
(OTHER THAN PARENT)

**EMERGENCY CONTACT #2:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
(OTHER THAN PARENT)

**DOCTOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**DENTIST:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**HOSPITAL PREFERRED:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**SPECIAL LIMITATIONS/CONDITIONS/ALLERGIES:** \_\_\_\_\_

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\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**



Wauseon Recreation Association



## **Guidelines to Golf**

### 2020 Registration Form

Registration Due Date: Friday, June 26, 2020

Registration Fee: \$40.00

\*MAKE CHECKS PAYABLE TO: WAUSEON RECREATION ASSOCIATION (WRA)\*

Late registrations will be subject to a late fee of 25% (\$10.00)

Some loaner clubs available on first come, first serve basis

Wauseon High School coach Mark Britsch & local pro Matt Mennetti

**Ironwood Golf Club\*\*\*July 13-16\*\*\*9:00am-10:30am**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### **GOLF T-SHIRT ORDER**

(Included in cost of registration)

**PLEASE CIRCLE YOUR CORRECT T-SHIRT SIZE BELOW:**

YOUTH:	YS	YM	YL	
ADULT:	S	M	L	XL

**\*PARENTS MUST COMPLETE PARENT CODE OF CONDUCT FORM FOR YOUR CHILD TO PARTICIPATE**

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If golf looks fun to you and you have never played before, this program is for you! To be eligible all you have to do is be between the ages of 8-15 and want to learn the game of golf. It is a four day clinic designed to introduce you to swing fundamentals, rules, and etiquette. At the end of the week you will get to play on the course where you can apply the new skills you have learned. The participants will also learn how to properly take care of the golf course grounds.

Each golfer will receive: Golf shirt, Golf balls, and other misc. items.

Register and pay online @ <https://wauseon.recdesk.com>



## **Registration & Acknowledgement of Risk Form**

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City of Wauseon Department of Recreation  
765 E. Linfoot Street  
Wauseon, OH, 43567

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**PARTICIPANT'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELLULAR PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_  
(PARENT/GURDIAN)

**DATE OF BIRTH:** \_\_\_\_\_ **PARENT'S NAME(S):** \_\_\_\_\_

**GRADE:** \_\_\_\_\_ **SCHOOL ATTENDING:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
(OTHER THAN PARENT)

**EMERGENCY CONTACT #2:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
(OTHER THAN PARENT)

**DOCTOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**DENTIST:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**HOSPITAL PREFERRED:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**SPECIAL LIMITATIONS/CONDITIONS/ALLERGIES:** \_\_\_\_\_

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\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

# WAHOO



## 2020 SWIM

DATE DUE: JUNE 1, 2020

REGISTRATION FEE: \$50

MAKE CHECKS PAYABLE TO: WAUSEON RECREATION ASSOCIATION (WRA)

Late registrations will be subject to a late fee of 25% (\$12.50)

Registrations can be dropped off at 765 E. Linfoot St or mailed to 230 Clinton St.

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ CIRCLE ONE: MALE FEMALE

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

EMAIL \_\_\_\_\_

Check the Division for which you Qualify:

\_\_\_\_\_ 8 & Under

\_\_\_\_\_ 9-10

\_\_\_\_\_ 11-12

\_\_\_\_\_ 13-14

\_\_\_\_\_ 15-16

\_\_\_\_\_ 17-18

Practice times will be determined at a later date for the swim team.

This team practices 5 days a week during the summer.

There will be a parents meeting at 7:00 pm on April 20 at the high school pool.

You will not be contacted about the meeting.

Questions? Contact coach Andrea Konieczka at [shortyee@twc.com](mailto:shortyee@twc.com)

All swimmers must be able to swim the width of the pool to participate in this program.

Register and pay for all programs online @ <https://wauseon.recdesk.com/>Community



## **Registration & Acknowledgement of Risk Form**

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765 E. Linfoot Street  
Wauseon, OH, 43567

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**PARTICIPANT'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELLULAR PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_  
(PARENT/GURDIAN)

**DATE OF BIRTH:** \_\_\_\_\_ **PARENT'S NAME(S):** \_\_\_\_\_

**GRADE:** \_\_\_\_\_ **SCHOOL ATTENDING:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
(OTHER THAN PARENT)

**EMERGENCY CONTACT #2:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
(OTHER THAN PARENT)

**DOCTOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**DENTIST:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**HOSPITAL PREFERRED:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**SPECIAL LIMITATIONS/CONDITIONS/ALLERGIES:** \_\_\_\_\_

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\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

# WAHOO



## 2020 DIVE

DATE DUE: APRIL 28, 2020

REGISTRATION FEE: \$50

MAKE CHECKS PAYABLE TO: WAUSEON RECREATION ASSOCIATION (WRA)

Late registrations will be assessed a late fee of 25% (\$12.50)

Registrations can be dropped off at 765 E. Linfoot St or mailed to 230 Clinton St.

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ CIRCLE ONE: MALE FEMALE

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

EMAIL \_\_\_\_\_

Check the Division for which you Qualify:

\_\_\_\_\_ 8 & Under

\_\_\_\_\_ 9-10

\_\_\_\_\_ 11-12

\_\_\_\_\_ 13-14

\_\_\_\_\_ 15-16

\_\_\_\_\_ 17-18

Practice times will be determined at a later date for the dive team.

This team practices 5 days a week during the summer.

There will be a parents meeting at 7:00 pm on April 28 at the high school pool.

You will not be contacted about the meeting.

All divers must be able to swim from the diving board to the wall without assistance to participate in this program.

Register and pay for all programs online @ <https://wauseon.recdesk.com/>Community



## **Registration & Acknowledgement of Risk Form**

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City of Wauseon Department of Recreation  
765 E. Linfoot Street  
Wauseon, OH, 43567

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**PARTICIPANT'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELLULAR PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_  
(PARENT/GURDIAN)

**DATE OF BIRTH:** \_\_\_\_\_ **PARENT'S NAME(S):** \_\_\_\_\_

**GRADE:** \_\_\_\_\_ **SCHOOL ATTENDING:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
(OTHER THAN PARENT)

**EMERGENCY CONTACT #2:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
(OTHER THAN PARENT)

**DOCTOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**DENTIST:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**HOSPITAL PREFERRED:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**SPECIAL LIMITATIONS/CONDITIONS/ALLERGIES:** \_\_\_\_\_

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\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**