

Town of Eston

111 4th Ave SE | Box 757 Eston, SK SOL 1A0 (306) 962-4444 | Fax: (306) 962-4224 contact@eston.ca | eston.ca

2025 Baseball / Softball Registration

Deadline to Register: Wednesday April 2nd, 2025
Payment is due upon registration



KidSport funding is available for those who qualify and must be submitted with registration by the deadline. Please contact Recreation Director Garrett Turner for more information.

Registration is not complete until the form, medical information, and Code of Conduct form (U-13 & up) have been received. Please note all previous outstanding fees must be paid prior to completed registration.

Baseball Age Division	<u>Fees</u>	Please check age division	Softball Age Division	<u>Fees</u>	Please check age division
T-Ball (2019 - 2021)	\$70		T-Ball (2019 - 2021)	\$70	
Rally Cap (2017 & 2018)	\$70		U-9 (2016 - 2018)	\$70	
U-11 (2014 - 2016)	\$110		U-11 (2014 & 2015)	\$85	
U-13 (2012 & 2013)	\$110		U-13 (2012 & 2013)	\$85	
U-15 (2010 & 2011)	\$110		U-15 (2010 & 2011)	\$85	
U-18 (2007 - 2009)	\$110		U-18 (2007 - 2009)	\$85	

Required Equipment:

- Baseball/softball glove
- Batting helmet (with cage for softball)
- White baseball pants for baseball or Blue baseball pants for softball
- Red Belt & socks
- Eston Ramblers Baseball hat sold at Town office for \$30
- Running shoes or non-metal cleats

First Name:	Last Name:
Birth Year:	Birth Date:
Age Division	Gender: M / F
Parent / Guardian Information	
Parent / Guardian (1) Name:	
Cell Phone (1):	_ Email (1):
Mailing Address (1):* Include Postal Code	
Parent / Guardian (2) Name:	
Cell Phone (2):	Email (2):
Mailing Address (2):* if different than Address 1	
Please mark the following team positions you are interes	ted in volunteering for:
Head Coach Assistant Coach	
Manager	
Consent: I understand and agree that this information is being collected for used to update the athlete of upcoming sports he/she may be into It is a condition of participation that the athlete does so at his/h not liable in any way for loss, damage or injury resulting from part I understand that it is the responsibility of the parent/guardian to above information as well as medical information as soon as possestaff may take my child to a hospital or doctor if deemed necessary I authorize doctors and nursing staff to examine, investigate and information to the appropriate parties and photos of my child to	terested in. er own risk. The Eston & District Recreation Committee is rticipation in this program. o keep the Recreation Director informed of any change in the sible. In the event of an injury, if no one can be contacted, ary. treat my child as necessary. I authorize release of
Signature	ate.

Participant Information