

**2025 Youth Cougar Club Registration**  
**3<sup>rd</sup> – 5<sup>th</sup> Gr. Softball & 3<sup>rd</sup>-6<sup>th</sup> Gr. Baseball**

**3<sup>rd</sup>-6<sup>th</sup> grade baseball & 3<sup>rd</sup>-5<sup>th</sup> grade softball**

- Cost will be \$65
- Practice will start the week of May 5<sup>th</sup> with games being against area teams.

**Uniform/Required Equipment:**

- *Glove, pants, cleats if desired, and boys will need protective gear. Shirts will be determined at a later time. We will be using the same hats as in the past. If you need one, please contact Decker Sports.*

**Register:** Complete the form below or register through the MACC website at:

<https://mansonareacommunityareacenter.com/activities-at-the-community-center/>.

There will be an additional \$3 charge per player when signing up on the website to offset processing fees.

**Deadline:** Friday, March 14<sup>th</sup>.

Parents will be expected to work in the concession stand one time during the season. Sign up sheet will be available at a later time.

*If you are interested in coaching or assisting in any way, please contact Justin Eichelberger at 515-460-2427 or [eich871@yahoo.com](mailto:eich871@yahoo.com).*

-----FILL OUT AND RETURN BOTTOM PORTION TO THE MACC-----

**WAIVER OF LIABILITY:** I, the parent/guardian of the registrant agree that I, and the registrant, will abide by all applicable rules and good sportsmanship. I recognize the possibility of physical injury and hereby release the MAC Center, all coaches, assistants and any other personal associated with this program and the City of Manson from any and all liability related to participation in the program, including, but not limited to injuries sustained during participation as well as transportation to and from practices and games as part of this program.

**CONSENT FOR MEDICAL TREATMENT:** As the parent/guardian of the registrant, I hereby give consent for emergency medical care prescribed by a primary healthcare provider. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent.

Parent/Guardian Signature and Date: \_\_\_\_\_

**Photo Consent:** I give my permission to the Youth Cougar Club to use images/videos of these participants taken during the program to be used for future promotional material without compensation:

Parent/Guardian Signature and Date: \_\_\_\_\_

**PLAYER INFORMATION:**

NAME \_\_\_\_\_

PARENT'S/GUARDIANS NAME \_\_\_\_\_

JERSEY SIZE (STILL NEEDED)    YS    YM    YL    YXL    AS    AM    AL    AXL

GRADE COMPLETING \_\_\_\_\_      CIRCLE IF PLAYING SOFTBALL OR BASEBALL

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

EMERGENCY CONTACT, NAME & PHONE # \_\_\_\_\_