All local, state and national Covid related recommendations are followed.

Antrim Recreation Department PO BOX 517, ANTRIM, NH 03440 www.antrimnh.org



BASEBALL FOR YOUTH AGES 5-12

Phone 603-588-3121 antrimrecreation@tds.net

REGISTRATION FEES:

(covers uniforms, equipment, official fees, League fees, cleaning supplies, coach education, etc.)

Minor /Majors \$50.00 per player - Ages 9-12 Rookies \$45.00 per player - Ages 7-8 T-Ball \$35.00 per player - Ages 5-6

Deadline - Saturday, April 2, 2022
\$10 late fee if received after 4/2/2022
(TBALL registrations are accepted with no late fee through Friday, April 15, 2022)

Age is determined as age as of 4/30/2022.

Things you need to know:

- *Age is determined as age as of 4/30/2022. Birth Certificates are required, unless we have one on file from a previous year. Please provide a copy with your registration.
- *Teams will be formed when enough players have registered and there is a volunteer coach. Consider becoming a coach or safety officer for your childøs team! Training provided.
- *Teams are created in the order registrations are received. Each team has a limited number of players, so register early!
- *Coaches will contact you directly via email (preferred), or by phone (if needed) about all practices, changes, or cancellations during the season.

HOW TO REGISTER:

Registrations can be mailed to:

Antrim Recreation Dept., PO BOX 517, Antrim, NH 03440

Registrations can also be dropped off at:

Town Hall: Mon-Thurs 8 am ó 4 pm or use mail slot outside of Town Hall or

Antrim Recreation Office: mailbox located at the Antrim Town Gym.



REGISTRATION DEADLINE IS APRIL 2, 2022 *This registration is for ANTRIM RESIDENTS ONLY.*

If you are not a resident you must register in your town to play.

These programs serve Antrim kids born between May 1st, 2009 and April 30, 2017

- * Practices will begin during pre-season, potentially as early as February.
- * Games AND Practices are held on weeknights & Saturdays.
- * Minors & Majors begin games the last weekend in April. Rookies & T-Ball typically begin games in the first week of May. The season ends for all teams in midóJune.
- * We are members of the Babe Ruth chartered league, Conval Cal Ripken **No affiliation w/ the Conval School District**
- * We will be playing locally for TBall and Rookies, and Regionally with mixed (local) town teams for Minors & Majors.

This is a program of the Antrim Recreation Department. This is not a ConVal program.

All local, state and national Covid related recommendations are followed.

Antrim Recreation Department PO BOX 517, ANTRIM, NH 03440 www.antrimnh.org SOFTBALL

SOFTBALL FOR YOUTH AGES 7-12

Phone 603-588-3121 antrimrecreation@tds.net

HOW TO REGISTER:

Registrations can be mailed to:

Antrim Recreation Dept., PO BOX 517, Antrim, NH 03440

Registrations can also be dropped off at:

Town Hall: Mon-Thurs 8 am ó 4 pm or use mail slot outside of Town Hall

or

Antrim Recreation Office: mailbox located at the Antrim Town Gym.



Things you need to know:

- * Age is determined by the age you are as of 12/31/2021 Birth Certificates are required, unless we have one on file from a previous year.
- * Teams will be formed when enough players have registered and there is a volunteer coach. Consider becoming a coach or safety officer for your childon team! Training provided.
- *Teams are created in the order registrations are received. Each team has a limited number of players, so register early!
- * Coaches will contact you directly through email (preferred) or phone (if needed) about all practices, changes, or cancellations as the season begins.
- * Preseason practice will begin indoors in February.
- * Games and practices are held on weeknights and weekends. All teams will have some games on Saturdays.

REGISTRATION FEES: (COVERS: Uniforms, Equipment, League Fees, Cleaning Supplies, Coach Education, etc.)

U12 \$50 - Ages 11 & 12 U10 \$50 - Ages 9 & 10 U8 \$45 - Ages 7 & 8 (Ages under 7 play t-ball) Deadline—Friday April 2nd, 2022 \$10 late fee if received after the 4/2/2022

This is a program of the Antrim Recreation Department. This is not a ConVal program.

Baseball	lease return to Antrim Rec Office with payment — —	Spring 2022
Players Name:	Age: Grade:	UNIFORM SIZE
Parent/Guardian Name(s):	Phone:	SHIRT: YS YM YL AS AM AL
Email address:	Alt Phone:	YS YM YL AS AM AL
2nd Parent Contact Info:		* T-ball & Rookies players
Mailing Address:		receive shirt only*
to be in adequate physical conditions, attentive, a and may result in personal injury to the participa accept the risks inherent in the sport. Additionall will be my responsibility to pay for and that there	d that the program we are registering for requires the participant and properly attired. All sports/ activities are potentially dangerous nt. I am hereby acknowledging that I am registering my child and y, I understand that any injuries or illness sustained by my child e is no medical insurance granted to my player/child when we permission for agents of this program to seek appropriate medical illness.	Parent Commitment: (please circle one) Coach Concessions/ Field Maintenance Asst. Coach Practice Manager Name of volunteer committing to help with this task:
		::
	fill out completely. This portion goes to your player's coach	
Players Name:	Parent(s) Name:	
Best Phone Number & Email for the co	ach to contact you:	
Phone:	Email:	
Childøs regular physician:		
Emergency Contact (if we canot reach you	1):	Phone:
Information we should know about your o	child (medical, allergies, socialí):	
Softball Players Name:	Age: Grade:	Spring 2022
		UNIFORM SIZE
.,	Phone:	YS YM YL AS AM AL
	Alt Phone:	PANTS: YS YM YL AS AM AL
		13 IM IL AS AM AL
Parental Consent: I, the undersigned, understant to be in adequate physical conditions, attentive, and may result in personal injury to the participa accept the risks inherent in the sport. Additionall will be my responsibility to pay for and that there	d that the program we are registering for requires the participant and properly attired. All sports/ activities are potentially dangerous nt. I am hereby acknowledging that I am registering my child and y, I understand that any injuries or illness sustained by my child e is no medical insurance granted to my player/child when we permission for agents of this program to seek appropriate medical illness.	Parent Commitment: (please circle one) Coach Concessions/ Field Maintenance Asst. Coach Practice Manager Name of volunteer committing to help with this task:
		::
	fill out completely. This portion goes to your player's coach	
Players Name:	Parent(s) Name:	
Best Phone Number & Email for the co	ach to contact you:	
Phone:	Email:	
Childøs regular physician:		Phone:
Emergency Contact (if we cange reach you	1):	Phone:
Information we should know about your o	child (medical, allergies, socialí):	
This is a pr	ogram of the Antrim Recreation Department. This is not a ConVal program	L