



# 2026 NORWELL JUNIOR BASEBALL LEAGUE



Players Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age on 5/1/26 \_\_\_\_\_ MALE / FEMALE

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Any Medical Conditions/Allergies: \_\_\_\_\_

- **T-Ball** -Ages 3-5 \$60
- **Coaches Pitch** -Ages 6-8 \$60
- **10U** -Ages 8-10 \$80
- **12U** -Ages 10-12 \$80
- **Koufax** - Ages 13-15 \$100

Player Shirt Size:(Youth) S M L XL Adult: S M L XL XXL

### KEY LEAGUE RULES

1. No child may participate in NWJBL until this form is signed and received by a Board Member.
2. League age is determined by the player's age on May 1, 2026. A birth certificate is required.
3. Each player is responsible for furnishing and maintaining his/her own ball glove and baseball pants (grey).
4. The Board encourages each player to have his/her own helmet to reduce the chances of head lice.
5. Your child is not guaranteed to be on the same team year to year.
6. Parent(s)/Guardian(s) are responsible for transportation to and from games and practices.
7. Parent(s)/Guardian(s) are responsible for their own and their non-participating children while at the ballpark.
8. Good sportsmanship is required. Unruly players/parents/spectators will be removed from the ballpark.
9. Teams will be redrafted for both 10U and 12U for competitive balance.

### RELEASE AND AUTHORIZATION

Northern Wells Junior Baseball League coaches and staff are independent and receive no compensation. The individuals involved in these Leagues volunteer their time for the benefit of the children. My signature below verifies that:

1. The information provided on the registration form is accurate, to the best of my knowledge.
2. I hereby release and discharge said League and all of its Board Members, sponsors, representatives, coaches or designates of any kind from any and all liability from any claims I have, or may have, arising from my or my dependents participation in any and all League activity, of any kind.
3. I hereby authorize any attending physician to render any and all medical care to my dependent that the physician deems medically necessary.
4. I understand that my child is provided secondary accidental injury coverage through the League.
5. I assume financial responsibility for any and all medical service provided to my dependent.
6. Board members reserve the right to move a player into the appropriate division should the need arise.
7. I have read, understand, and agree to abide by the League Rules set forth on this form.

\*\* By Signing Below, I agree to the Terms and Conditions of the NWJBL.

Parents/GuardianSignature \_\_\_\_\_ Date \_\_\_\_\_

COACHES: Name \_\_\_\_\_ Phone: \_\_\_\_\_

- Returning Coach from 2025
- Head Coach
- Assistant Coach

Shirt Size: S M L XL XXL XXXL