



SPRING BASEBALL

Spring Traveling Season For 7th & 8th Grade

Spring baseball is for current 7th and 8th graders. The season starts mid-March and runs through May. Each week teams will play one to two games in addition to 1-2 practices. Practice dates and times will be determined based on coach and field availability. Games will consist of 5 innings and will follow standard baseball rules. Basic fundamental skills and knowledge will be the focal point of this spring baseball league. Transportation to practices and games is the responsibility of the parent/guardian. Team uniforms will be checked out for the season, however, players are asked to provide their own glove, white pants, belt, socks and hat. 2021 hats & t-shirts will be included with summer registrations.

Dates: Mid March through Mid May

Time: Practices - TBD based on coach & field availability

Games - Specific schedule will be handed out, games typically start at 4:30pm

Fee: \$70

Site: Practices - Riverview Park; Games - Riverview Park & regional sites including Viroqua, Winona, G-E-T, & Westby

Ages: Current 7th & 8th graders in 2021

Registration is NOT GUARANTEED once a team is filled and/or after Feb. 26th.
Registration will be taken on a first come, first served basis!

***REMINDER—MANY FAMILIES HAVE A CREDIT FROM 2020!**

PLEASE CHECK YOUR FAMILY'S ACTIVENET ACCOUNT FOR YOUR CREDIT BALANCE*

REGISTRATION OPTIONS

1: ONLINE AT: <https://apm.activecommunities.com/westsalemparksandrec/Home>

OR

COMPLETE REGISTRATION FORM BELOW & RETURN WITH PAYMENT

2: MAIL TO: WEST SALEM PARK & REC. DEPT.
175 South Leonard St, West Salem, WI 54669

3: DROP OFF: 24 HOUR DROP BOX
Located next to our building entrance off of Leonard St.

Participant Name: _____ Birth date: _____ Age: _____

Address: _____ School Attending: _____

School Attending: _____ 2020-21 Grade: _____ Sex: _____

Participant resides with whom: _____ Home Phone: _____

Email Address: _____

Fee Included: \$70 per athletes **Registration is NOT GUARANTEED once a team is filled and/or after Feb. 26th.**

Medical Concerns/Limitations: _____

Mother's Name: _____ Birth date: _____ Cell #: _____

Father's Name: _____ Birth date: _____ Cell #: _____

Emergency Contact Name (non-parent/guardian): _____

Emergency Contact Relation: _____ Emergency Contact Phone: _____