

# REVERE ATHLETICS

*(Nockamixon Township)  
Baseball & T-Ball Sign-ups*

*All sign-ups are 6:30-8:30 PM  
Palisades Middle School Main Entrance  
Wednesday, January 30<sup>th</sup> and February 6<sup>th</sup>*

Please bring a copy of your child's birth certificate for first time  
baseball/t-ball players.

1<sup>st</sup> Player- \$75

2<sup>nd</sup> Player - \$50

T-Ball - \$60

T-Ball (boys and girls)	Boys Baseball (age as of May 1 <sup>st</sup> )
Ages 5-7	Rookies: ages 7-8 Minor's: ages 9-10 Major's: ages 11-12

All players of all age groups will be REQUIRED to participate in the raffle fundraiser. The money for the raffle tickets is due at sign ups: 1<sup>st</sup> player- \$25, \$50 family cap. Raffle drawing will be held in May during the annual "Revere Home-Run Derby".

## **Palisades Area Girls Softball League**

On-line registration through the Palisades Area Girls Softball League (PAGSL) website. All instructions are listed on the website.

For registration please follow this link:

<http://www.palisadessoftball.org/registration.html>

For any questions contact **Tom/Kathy Keebler @610-416-1632(T)/610-324-5232(K)** or email: **kathyakeebler@gmail.com**

*Registration can be mailed to:*



# Revere Baseball Registration and Medical Release Form

*Michael*

*Hsu*

*1200*

**Baseball (ages as of May 1st)**

*Evergreen*

\_\_\_\_\_ T-Ball Age 4-7 (girls & boys)

\_\_\_\_\_ Minors Age 9-10

*Rd*

\_\_\_\_\_ Rookies (I-8's) Age 7-8

\_\_\_\_\_ Majors Age 11-12

Childs Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ *Riegelsville,*

Mother's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Cell #: \_\_\_\_\_

e-mail address: \_\_\_\_\_

*PA*

Child resides with: \_\_\_\_\_ Parents

\_\_\_\_\_ Mother

\_\_\_\_\_ Father

Comments: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone # \_\_\_\_\_

Willing to help with: \_\_\_\_\_ Coaching

\_\_\_\_\_ Assistant Coach

*18077*

**\*\* All families are required to work the refreshment stand at least 1 game and to participate in the yearly raffle fund raiser.**

## MEDICAL RELEASE:

I/we hereby give permission to have the above named child transported and treated for injuries during the season. The nearest medical facility will be utilized.

Mother/Father/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Any exceptions to treatment: \_\_\_\_\_

Any Known allergies/medical conditions: \_\_\_\_\_

**\*\*\*All Revere baseball players must reside in Nockamixon Township unless prior agreement (with release form) has been made.**

For special considerations, please contact: Tom Keebler: 610-416-1632