

Inman Recreation Commission

BASEBALL REGISTRATION

DEADLINE APRIL 20, 2026

1st and 2nd grade Boys Machine Pitch (Games Tuesday and Friday)

- \$45 for wellness center members
- \$55 for non-wellness center members

3rd and 4th grade Boys Live Pitch (Games Monday and Thursday)

- \$45 for wellness center members
- \$55 for non-wellness center members

5th and 6th grade Boys Live Pitch (Tuesday and Friday)

- \$45 for wellness center members
- \$55 for non-wellness center members

14U and High School Baseball

- \$75 for wellness center members
- \$85 for non-wellness center members



PLAYER'S NAME: _____ AGE: _____

SHIRT SIZE: **Circle one:** Youth: XS S M L Adult: S M L XL

DOB: _____ GRADE LEVEL (2025-26): _____

PARENT'S NAME(S): _____

PRIMARY PHONE: _____ E-MAIL: _____

ADDRESS: _____ CITY: _____ ZIP: _____

I WOULD BE WILLING TO COACH: YES NO IF YES, NAME: _____

PHONE: _____ E-MAIL: _____

SHIRT SIZE: SM MED LRG XL XXL

I DO NOT NEED A SHIRT _____

COACHES WILL BE REQUIRED TO MEETING WITH IRC DIRECTOR PRIOR TO SCHEDULE PRACTICE TIME

CONSENT: I hereby give my full permission to my (son/daughter) to play in the Inman Recreation Commission/Mid-Kansas League. I agree to assume full responsibility in case of accident or injury while (he/she) is playing, traveling to or from the scheduled area, or representing (his/her) team in any manner, and do further hereby release and hold forever harmless the Inman Recreation Commission/Mid-Kansas League, its agents and employees, from any liability for any personal injuries, including death or property damage, which may be incurred by my child while playing, traveling to or from the scheduled area, or representing the team in any manner, including but not limited to any claim alleging that the injury or damage was caused by defective equipment owned or furnished by the Inman Recreation Commission, by defects or obstructions on real property owned by the Inman Recreation Commission, or by negligence in the supervision of my child or others. It is the responsibility of each parent/guardian to check their child's insurance for athletic injuries.

SIGNED: _____ DATE: _____

PRINTED NAME: _____

**PLEASE BRING FORM AND PAYMENT TO: INMAN RECREATION COMMISSION
404 SOUTH MAIN, PO BOX 366 INMAN, KS 67546**