



Town of Aberdeen Parks & Recreation Department 2025 Kid-Pitch Baseball Registration

Deadline: April 25th (Or Until Full)
Eligibility: Boys and Girls Ages 9-12 (as of 8/31/25)
Fee: Residents \$15 / Non-residents \$30



Baseball Clinic will be held on April 26th @ 1pm-4pm at Colonial Heights Park for ages 8-12 (as of 8/31/25). It is a free event.

Hosting our local MLB Jr. Pitch, Hit & Run on April 4th @ 6pm at Cannon Park Field 1 from ages 7-14 (as of 11/15/25). It is a free event.

Participant's Name: _____ DOB: _____ Female / Male

Age (as of 08/31/25): _____ Email(s): _____

Address: _____ City: _____

Preferred Phone #: _____ Secondary Phone #: _____

Parents Name(s): _____

How did you hear about this league? _____

Medical Problems: _____

****Parents, would you like to volunteer? Coach _____ Asst. Coach _____**

If Yes, Name _____ Number _____ Email _____

****Would you like to sponsor a team or know a business that would? Yes _____ No _____**

If Yes, Name _____ Number _____ Email _____

Primary Position(s): _____ Pitch: Yes No Catch: Yes No

Do you have a team, player or coach request? _____

PARENTS READ CAREFULLY

I hereby agree to allow my child to participate in the activity sponsored by Aberdeen Parks and Recreation Department. I understand that my child shall abide by all league rules as a condition of participation or a risk of expulsion from the program. I understand that my child may suffer accident or injury as a direct or indirect result of participation and agree to assume all risk involved in my child's participation. In the event of an injury, I will not hold the Town of Aberdeen, agents, volunteers, or employees responsible or liable. I also give permission to Aberdeen Parks and Recreation Department to give medical attention to my child as deemed necessary. I also release any pictures or video taken during this program to be used as promotional purposes.

Parent Signature _____ Date _____

Player Shirt Size: YS YM YL AS AM AL AXL AXXL

Coach Shirt Size: AS AM AL AXL AXXL AXXXL AXXXXL

For Department Use Only

Registration Fee: \$15 R \$30 NR CC CASH CHECK# _____ ONLINE CC Date Paid _____ Staff _____