

# PALATINE COMMUNITY BASEBALL & SOFTBALL SOFTBALL 2026 REGISTRATION FORM

**pcbs.fun**

Past Participant (PCBS)

New Participant

PLEASE PRINT ALL INFORMATION

Participant's Last Name: \_\_\_\_\_ First: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School/Current Grade: \_\_\_\_\_

Parent Contact Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_  Remove me from the PPD notifications list

Additional Parent Contact Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Participates in other spring sport/activity?  Yes Which? \_\_\_\_\_

Additional family member(s) playing in PCBS? Name: \_\_\_\_\_ League: \_\_\_\_\_

Note: each player needs a separate registration form

Please contact me regarding sponsoring a Team  Yes  No

**Parent Participation Choices**  Head Coach  Assistant Coach  Parent Volunteer Size Preference \_\_\_\_\_

**ADA Need Accomodations** Inclusion services through NWSRA needed for participant?  Yes  No

PNO			
<b>FOR OFFICE USE ONLY</b>			
CA	CK	CG	ID
OD	FHS	PHS	SCH
Proof of Residency			
ID	OD	HS	Code: _____
Processed by: _____		Date: _____	
Checked by: _____		Date: _____	
Batch # _____			

## REGISTRATION INFORMATION

Check off the appropriate league and circle the appropriate fee per division

**GIRLS SOFTBALL** Current Grade Level for 2025-2026 School Year by 8/31/2025

**EARLY FEE/DATE**

**FINAL FEE/REGISTRATION DEADLINE**

<input type="checkbox"/> 201030-01	Juniors	1st-2nd Grade (6-8 years)	\$195/February 2	<b>\$225/March 16</b>
<input type="checkbox"/> 201030-02	Minors	3rd-4th Grade (8-10 years)	\$265/February 2	<b>\$295/March 6</b>
<input type="checkbox"/> 201030-03	Majors	5th-6th Grade (10-12 years)	\$265/February 2	<b>\$295/March 6</b>
<input type="checkbox"/> 201030-04	Varsity	7th-8th Grade (12-14 years)	\$265/February 2	<b>\$295/March 6</b>
<input type="checkbox"/> 201030-05	High School	9th-12th Grade (14-18 years)	\$265/April 5	<b>\$295/May 3</b>

Additional Child Fee: deduct \$25 per additional child

\*\*Discount not applicable to Women's Division.

First Name  Last Name (Select one) \_\_\_\_\_ Number Choice: (pick 2) \_\_\_\_\_, \_\_\_\_\_ Hat Size:  Youth or  Adult

**Shirt Size**

Youth S (5-7)  Youth M (8-10)  Youth L (12-14)  Youth XL (16-18)  Adult S  Adult M  Adult L  Adult XL  Adult 2XL  
Chest 26-28in Chest 28-30in Chest 30-32in Chest 32-34in Chest 34-36in Chest 38-40in Chest 42-44in Chest 46-48in Chest 50-52in

**Pant Size**

Youth XS  Youth S  Youth M  Youth L  Youth XL  Adult S  Adult M  Adult L  Adult XL  Adult 2XL  Adult 3XL

## THIS SECTION MUST BE COMPLETED FOR ALL PARTICIPANTS

**PRIVACY POLICY AND PHOTO STATEMENT:** Visit [palatineparks.org](http://palatineparks.org) to view the Palatine Park District Privacy Policy and Photo Statement.

### RELEASE AND HOLD HARMLESS WAIVER

**IMPORTANT:** The Palatine Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Palatine Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity. **WARNING OF RISK:** Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for the Palatine Park District to guarantee absolute safety. **WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK:** Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Palatine Park District, including its officials, agents, volunteers and employees. **I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature. PARTICIPATION WILL BE DENIED If the signature of adult participant or parent/guardian and date are not on this waiver.**

Signature: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Please indicate if there is any medical information (asthma, diabetes, etc.) or food allergies that staff should be aware of: \_\_\_\_\_