



# Roanoke-Benson

## Recreation Association

P.O. Box 621, Roanoke, IL 61561

### 2020 RBRA TRAVEL BASEBALL PROGRAM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Current Grade in School: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age on April 30th:** \_\_\_\_\_

Circle Shirt Size: **Youth:** (6-8) (10-12) (14-16) **Adult:** (Small) (Medium) (Large) (X-Large)

Please mark the league that you want your child to participate in:

<u>League</u>	<u>Fee</u>	<u>Childs age on 4/30</u>	<u>Description of League &amp; Commitment</u>
____ 10U Travel	<b>\$200</b>	8, 9 &10 yrs old	Team travels to other towns to play games/tournaments <i>Practices &amp; games are various days of the week.</i>
____ 12U Travel	<b>\$200</b>	11, 12yrs old	Team travels to other towns to play games/tournaments. <i>Practices &amp; games are various days of the week.</i>
____ 14U Travel	<b>\$200</b>	13 or 14 yrs old	Team travels to other towns to play games/tournaments. <i>Practices &amp; games are various days of the week.</i>

**IF SIGNUP NUMBERS WARRANT, WE WILL HAVE TRYOUTS IN OCTOBER  
OR 2 TEAMS AT CERTAIN LEVELS**

**\$50 Late Fee After SEPT 15th**

**\*\*REGISTRATION CLOSED SEPT 29th\*\***

**\*\*Uniforms (jerseys, pants, socks, belts) are property of RBRA, unless otherwise advised. They will need to be returned to RBRA after the season is completed**

**Please pay cash or check payable to "RBRA" at Registration times or mail to:  
PO Box 621, Roanoke, IL 61561**

### **COACHES NEEDED**

*Volunteers are needed to make this program a success for the kids, please get involved!*

Name of Coach: \_\_\_\_\_ (Please mark the level of commitment you are willing to make!)

\_\_\_\_ Head Coach - Attend almost all of the practices/games and serve as a contact for the team.

\_\_\_\_ Asst Coach - Attend most of the practices/games and fill in when head coach is not available.

**\*\*FINAL DETERMINATION ON COACHES WILL BE DECIDED BY RBRA BOARD OF DIRECTORS**

This registration form and the fee are required prior to participation and serves as a permission slip for each player to participate in the RBRA baseball program. All participants are responsible for their own health insurance coverage. In case of an emergency, I give permission for my child to be given any necessary medical attention by a qualified and licensed medical doctor.

Parent / Guardian Names: \_\_\_\_\_

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

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

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

### **Board of Directors**

Gary Harms, Norm Weldon, Jesse Martin, Dawn Alford, Vince Hummel, Brian Reifsteck,  
Morgan Koehler, Dan Harms, Matt Sauder