

2019 C.A.A. Summer Activities
Village Residents – \$40.00/per child; \$110.00/3+ children
Township Residents – \$50.00/per child; \$135.00/3+ children

GIRL'S SOFTBALL:

No Additional Fee Required. Games run mid-May through early August.
Questions – call Damien Feucht (920-979-2116) or Cory Sabish (920-979-6995)
COACHES NEEDED

BOY'S HARDBALL:

No Additional Fee Required. Games run May through early August.
Questions – call Nick Koenings (262-689-9196), Rick Dreikosen (920-251-4523)
or Brian Schill (920-517-0814)
COACHES NEEDED

COED T-BALL:

No Additional Fee Required. Games run June through July.
(Must have completed Kindergarten - No K4)
Questions – contact Seam Garvey (262-305-2033)
COACHES NEEDED

COED GOLF:

Monday mornings at 8:00am starting in June for 6 weeks at Auburn Bluffs. Need to be at least 8 years old. Bring clubs if you have them (not required). Participants could have a chance to win weekly prizes. Volunteers Needed. (Questions – call Auburn Bluffs @ 533-4311 or Bill Lackas @ 920-979-9539). (Minimal green fees may apply).

COED GYMNASTICS:

Dates TBD
Questions – call Kim Keceli (262-483-0163) or Robin Jungers (920-960-3230)

COED FLAG FOOTBALL:

No Additional Fee Required. Students Entering 1st, 2nd, 3rd, 4th or 5th Grade Fall 2019.
Held at Columbus Parc: Starts early Sept. for 5 weeks.
Questions – call Tim McGray (251-3377) or Nick Koenings (262-689-9196)

The Campbellsport Athletic Association Board

John Muraski (262)689-7882	Rick Dreikosen (920)251-4523	Molly Krueger (920)979-9789	Damien Feucht (920)979-2116
Rick Heisler (920)948-5712	Tim & Jenny Jandre (920)533-8834	Tim Lindsley (920)948-0017	Tim Foster (262)384-1021
Bill Lackas (920)533-5939	Brian Schill (920)517-0814	Robin Jungers (920)960-3230	Tammy Kaehne (920)979-1564
Seam Garvey (262)305-2033	Ron Sabish (920)904-0396	Nick Koenings (262)689-9196	Cory Sabish (920)979-6995

2019 C.A.A. REGISTRATION FORM

Please note: One registration fee covers all activities.
Fees: Village Residents - \$40.00/per child; \$110.00/3+ children
Township Residents - \$50.00/per child; \$135.00/3+ children

Registration Fee (for all activities) _____

One registration form per child!

TOTAL FEES PAID _____

CHILD'S NAME: _____

AGE: _____

DATE OF BIRTH: _____

CURRENT GRADE: _____

DAD

MOM

PARENTS NAMES: _____

VILLAGE RESIDENT _____ TOWNSHIP RESIDENT _____

If playing T-Ball, Baseball or Softball – Circle shirt size

Child Small Child Medium Child Large Adult Small Adult Medium Adult Large Adult X-Large
(6-8) (10-12) (14-16)

GIRL'S SOFTBALL

Co-ed T-Ball (K-2nd grade) _____ **(MUST HAVE COMPLETED KINDERGARTEN)**

Rookies (Moderate) (GR 3-4) _____

Minors (Moderate) (GR 5-6) _____

Majors (Moderate) (GR 7-8) _____

**Current Grade at Registration _____

BOY'S BASEBALL

Co-ed T-Ball (K-7yrs) _____ **(MUST HAVE COMPLETED KINDERGARTEN)**

Junior Little League (8-10 yrs old as of September 1st) _____

Little League (11-12 yrs old as of September 1st) _____

Pony League (13-14 yrs old as of September 1st) _____

**Age as of September 1, 2019 _____

Please check all that your child will be participating in:

COED Golf _____

Flag Football _____

Gymnastics _____

If interested in Coaching or Umpiring – Please sign up at Registration or contact a board member

2019 C.A.A. – CONTACT INFORMATION

CHILD'S NAME: _____

AGE: _____ DATE OF BIRTH: _____

DAD

MOM

PARENTS NAMES: _____

HOME PHONE #: _____

CELL PHONE #: _____

EMAIL ADDRESS: _____

ADDRESS: _____

CITY: _____

CHECK ALL ACTIVITIES CHILD IS PARTICIPATING IN:

T-BALL ___ GIRL'S SOFTBALL ___ BOY'S BASEBALL ___ GOLF ___ FOOTBALL ___ GYMNASTICS ___

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

CONTACT #1

CONTACT #2

NAME _____

NAME _____

NUMBER _____

NUMBER _____

CHILD'S HEALTH ISSUES, ALLERGIES, ETC. _____

PREFERRED HOSPITAL (IF NEEDED) _____

Village of Campbellsport

VOLUNTARY RELEASE, ACKNOWLEDGEMENT AND ACCEPTANCE OF RISKS BY PARTICIPANT

(Please read carefully before signing)

Participant Name: _____ Age: _____
(please print)

Address: _____ Date: _____

In order to participate in this activity, I agree to hold the Village of Campbellsport, its officers, board members and employees harmless, and I waive any right to make claims or lawsuits against them. I acknowledge that this is not an essential service provided by the Village of Campbellsport.

I understand and acknowledge that the activities that I am about to voluntarily engage in as a participant have certain known and unknown risks. Some of these risks include the risks of falling and coming into contact with hard objects, latent or apparent defects or conditions in equipment or property, and passive or active negligent acts of myself. I understand that the above list is not complete or exhaustive and that those and other risks known or unknown, anticipated or unanticipated may also result in injury, death, illness, disease or damage to me or my property or other third parties. I voluntarily agree and promise to accept and assume all responsibilities, and injuries, death, illness, disease or damage to myself or my property arising from my participation in this activity.

I acknowledge the Village of Campbellsport will not pay for immediate first aid or other treatment and that such medical costs are my responsibility.

My signature indicates that I have read this entire document, understand it completely, acknowledge that it cannot be modified or changed in any way by oral representations, and agree to be bound by its terms. This agreement shall be binding on behalf of me, my heirs, assigns, personal representative and estate.

Signature: _____ Age: _____ Date: _____

If participant is under 18 years old, this release must be signed by his/her parent or guardian.

Parent/Guardian: _____ Date: _____

CAAinswaiverform