

**Riverdale Baseball and Softball Youth Summer League  
2025 Season**

**\*Do not submit forms to the school**

Please fill out this registration form and send it with fee to:

Riverdale Summer League C/O Jake Elder  
500 North 4th St.  
Muscodia, WI 53573

**ONE FORM PER CHILD-SEND FORMS AND MONEY TOGETHER**

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Softball: \_\_\_\_\_ 3rd/4th \_\_\_\_\_ 5th/6th \_\_\_\_\_ 7th/8th

Baseball: \_\_\_\_\_ 3rd/4th \_\_\_\_\_ 5th/6th \_\_\_\_\_ 7th/8th

Mother's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Medical Condition/Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

I, the parent/legal guardian, certify that the participant is physically able to participate in the Riverdale Independent Summer League program. Recognizing the possibility of injury associated with the program, I hereby release the Riverdale Independent Summer League, sponsors, and any associated personnel, including owners of fields and facilities, against any claim by or on behalf of the registrant as a result of participation in the Riverdale Independent Summer League program, and/or transportation to or from the same, which transportation I hereby authorize. I hereby consent for the emergency medical treatment prescribed by a licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve life or well being of my dependent.

\_\_\_\_\_  
Parent/Legal Guardian Signature Date

see back of form

**League owned jerseys will be provided for all players, Please indicate your child's shirt size below. (if you still have a jersey from last year contact Jake asap)**

**Shirt Size:**

Youth Small	_____	Adult Small	_____
Youth Medium	_____	Adult Medium	_____
Youth Large	_____	Adult Large	_____
		Adult X-Large	_____
		Adult XX-Large	_____

**Volunteers are needed to keep this program running! As a 100% volunteer based organization, active participation of all families is requested to keep costs down. Concession stand assistance will be assigned by each coach for their teams home games and each family will be expected to work concessions for 1 game. If you are interested in coaching your child's team, please fill out the information below.**

**Volunteer Coaching:**

Name: \_\_\_\_\_

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

Cost is \$30.00 per child with a maximum of \$60.00 per family.  
Please make checks payable to: **Riverdale Summer League**

**Registration ends April 1st**

To guarantee a spot on a team you must meet this deadline.

**President**

Jake Elder (608) 293-1537

**Vice President**

Darin Miess (608) 604-3669