

**Must be signed for your child to play.**

**PARENT/GUARDIAN PLAYER WAIVER:**

I certify that this child is in normal health and capable of participation in Youth Baseball/Softball. I grant permission for him/her to play and in doing so I hereby release any rights and claims for injuries and damages I may have against the Tipton Recreation Department, its Board of Directors, employees, officials, or coaches. I understand that the Tipton Rec. Dept. does **NOT** carry accident insurance on league participants.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Code of Conduct:**

In order for participation in our program please read the following and sign.

**Sportsmanship is not an option!!**

We strongly encourage our parents/spectators to lead by example. Positive and supportive adults create an environment that best helps a child to learn and grow. Please know that disparaging comments will **NOT** be tolerated and will be addressed **very** firmly, with the possibility of your child being kicked off the team with no refund.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: The above paragraph is a must and will be enforced.

**WIN AND LOSE GRACIOUSLY -- SUPPORT  
DON'T CRITCIZE -- RESPECT PLAYERS,  
COACHES, REFEREES, AND EACH OTHER**



**3<sup>rd</sup> Grade – 6<sup>th</sup> Grade**

**BASEBALL  
SOFTBALL  
REGISTRATION**

**SUMMER 2026**

**TIPTON REC**



**PROGRAMS**

\*Flag Football      \*Volleyball      \*Basketball      \*Soccer  
\*T-Ball      \*Red Cross Swimming Lessons      \* Swim Club  
Also offering private Swim Lessons for any age  
**Summer Camps**  
\*Basketball      \*Cheer/Dance      \*Pickleball      \*Tennis      \*Volleyball      \*Soccer

Visit [www.tiptoniowa.org/city/parks\\_rec.htm](http://www.tiptoniowa.org/city/parks_rec.htm)

For more information

700 Park Rd, Tipton, Iowa 52772

(563)886-2271

# TIPTON YOUTH BASEBALL/SOFTBALL

**REGISTRATION DEADLINE:** **Wednesday, March 25**

**COST:** **\$50.00**

**SEASON:** **April 6 – End of June**

**PLEASE VOLUNTEER:** The Tipton Rec Dept. depends upon volunteers. Our volunteers help the kids to understand the rules, learn the fundamentals of the sport, and most importantly teach sportsmanship. The Rec Dept. will provide training and resource material for planning and conducting practices and games. Without volunteers we could not provide the best program possible for your child. HAVE AN IMPACT! MAKE A DIFFERENCE.

**Coaches Meeting:** **Monday, March 30**

**PRACTICES:** Practices will be set up by the coaches at the coaches meeting. **Your coach will contact you for your first practice after April 3.** Basic skills are taught with an emphasis on teamwork & fair play. Practices will be held at one of the four diamonds in Tipton City Park.

**GAMES:** Games will be played on Monday/Wednesdays for 3-4 grade and Tuesdays/Thursdays for 5-6 grade. Games will be played at numerous locations around the area. Games will last approximately 1½ hours.



**\*\*No special arrangements for team or coach preference will be made. Siblings will be put on the same team if in same league.**

**SNACKS AND DRINKS AVAILABLE AT THE AQUATIC CENTER DURING HOME GAMES**

Visit [www.tiptoniowa.org](http://www.tiptoniowa.org) under the Parks & Recreation page for more information.

# BASEBALL/SOFTBALL REGISTRATION

**Summer 2026**

**ONE CHILD PER FORM**

[www.tiptoniowa.org](http://www.tiptoniowa.org)

**(Please fill in the information according to the 2025-2026 school year)**

**Player's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Zip:** \_\_\_\_\_ **School Attending:** \_\_\_\_\_

**Gender:** M   F   **Grade:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Parents Name(s):** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ @ \_\_\_\_\_

**PARENT INVOLVEMENT: Our kids need your help!**

**Name:** \_\_\_\_\_  **Coach**  **Asst. Coach**

**Shirt Size:** **YS**  
(6-8)      **YM**  
(10-12)      **YL**  
(14-16)      **AS**      **AM**      **AL**      **AXL**

**\*\*If coaching choose a shirt size also**

**\*\*Signatures REQUIRED on back\*\***

**Please Circle one:**      Beginner      Average      Advanced

**Method of payment:**      Cash      Check      Credit Card

**\*\*Make checks payable to: Tipton Recreation Dept.\*\***

**Name on Card:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**CVC #:** \_\_\_\_\_

**For office use only:**      Cash      CC      Ck# \_\_\_\_\_

**Date:** \_\_\_\_\_ **Pymt: \$** \_\_\_\_\_ **Initial:** \_\_\_\_\_