

City of Clay

PARKS & RECREATION DEPARTMENT

2013 BASEBALL, SOFTBALL & T-BALL REGISTRATION FORM

(Please Print)

Registration Deadline – January 20, 2013

Turn in at Clay City Hall

ATHLETE'S INFORMATION		
Athlete's First Name:	Last:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Birth Date:	Age as of April 30, 2013 :	Age Group: <input type="checkbox"/> 3&4 <input type="checkbox"/> 5&6 <input type="checkbox"/> 7&8 <input type="checkbox"/> 9&10 <input type="checkbox"/> 11&12 <input type="checkbox"/> 13&14
Years of Experience:	School:	Grade:
Street Address:		Best Phone Number:
City:	State:	Zip Code:
Shirt Size: <input type="checkbox"/> YXS (4-5) <input type="checkbox"/> YS (6-8) <input type="checkbox"/> YM (10-12) <input type="checkbox"/> YL (14-16) <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL <input type="checkbox"/> AXXL		Pant Size: <input type="checkbox"/> YXS (4-5) <input type="checkbox"/> YS (6-8) <input type="checkbox"/> YM (10-12) <input type="checkbox"/> YL (14-16) <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL <input type="checkbox"/> AXXL
Mom's Name:		Dad's Name:
Mom's Cell:		Dad's Cell:
Mom's Work:		Dad's Work:
Mom's Email:		Dad's Email:
Emergency Contact Name:	Relationship:	Phone Number:
Please note any allergies, physical disabilities requiring accomodation, or required medication for the participant. (If none, please write none):		
Special Request (Requests are NOT guaranteed) :		
WE ARE ALWAYS IN NEED OF VOLUNTEER COACHES PLEASE CONSIDER VOLUNTEERING YOUR TIME AS A COACH		
I agree to do the following to help with this program:		
<input type="checkbox"/> COACH Name:		<input type="checkbox"/> I am ASST. COACHING with:
ALL COACHES AND ASSISTANT COACHES MUST FILL OUT AN ATHLETIC VOLUNTEER APPLICATION AND BACKGROUND CHECK AND SUBMIT WITH THE CHILD'S REGISTRATION FORM		
REGISTRATION INCLUDES		
<i>Game Jersey</i>	<i>Game Pants</i>	<i>Game Cap / Visor</i>
<i>Belt (baseball only)</i>	<i>Socks</i>	<i>Participation Trophy</i>
<i>Association Dues</i>	<i>Umpire Fees</i>	<i>League Insurance</i>
PLEASE DO NOT WRITE BELOW THIS LINE		
Amount:	Cash / Check No.:	Waived (Reason):
Date:	Receipt No.:	Staff Initials:

AGREEMENT & RELEASE OF LIABILITY

IN CONSIDERATION OF _____, my minor child/ward ("my child"), being allowed to participate in any way in the City of Clay, Parks & Recreation Department program; tournament travel, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (HEREIN AFTERWARDS REFERED TO AS "RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs which includes transporting my child to and from such programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
3. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
4. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDENIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participant in these programs, EVEN IF ARISING FROM THEIR NEFLICENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTATIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARY WITHOUT ANY INDUCEMENT.

Signature of Parent / Guardian

Date

PARENTAL RELEASE AND HOLD HARMLESS AGREEMENT

I understand that team members are expected to attend practices, obey team rules of coaches and obey rules of the Parks and Recreation Department. I, as a parent pledge to demonstrate good sportsmanship and agree to abide by all Parks & Recreation rules and regulations. Those failing to do so will forfeit their unifomr, registration fee and position on the team.

By signature below, I certify that the above information is true and accurate to the best of my knowledge. I further do hereby indemnify and hold harmless the City of Clay and waive my right to any and all claims against the City of Clay, its employees, agents, or volunteers arising from this youth sports league.

Signature of Parent / Guardian

Date

UNDERSTANDING OF RISK

I understand the seriousness of the risk involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

Signature of Parent / Guardian

Date

EMERGENCY MEDICAL CARE AUTHORIZATION

I hereby grant consent to any and all health care providers designated by the City of Clay Youth Sports Program to provide my child, _____ any Medical care as a result of any injury/illness.

The consent includes First Aid and transportation to / from health care providers.

Signature of Parent / Guardian

Date

IMAGE RELEASE

In consideration of _____, my minor child/children being allowed to participate in any way in the City of Clay Youth Sports Program, related events and activities, the under signed agrees that such participants likeness maybe photographed, videotaped, or presented on any electronic media, and that such image may be published in an outlet used to promote or publicize the City of Clay Youth Sports Program.

Signature of Parent / Guardian

Date

City of Clay
PARKS & RECREATION DEPARTMENT

PARENTS CODE OF ETHICS PLEDGE

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other sports event.
- I will place the emotional and physical well being of my child ahead of any personal desire to win.
- I will insist my child play in a safe and healthy environment.
- I will provide support for coaches and officials working with my child to provide a positive, enjoyable experience for all.
- I will demand a drug-free sports environment for my child and agree to assist by refraining from their use at all youth sports events.
- I will remember that the game is for children and not for adults.
- I will do my very best to make youth sports fun for my child.
- I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.
- I will promise to help my child enjoy the youth sports experience within my personal constraints by assisting with coaching, being a respectful fan, providing transportation or whatever I am capable of doing.
- I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches Code of Ethics.

Parent Signature

Child's Name

Date

