

# Coed Softball- Team Registration Form



Please print clearly and fill out this form completely.

**\*EACH PARTICIPANT MUST FILL OUT AN INDIVIDUAL WAIVER FORM.\***

SOFTBALL TEAM MANAGER		MAY WE COMMUNICATE WITH YOU VIA E-MAIL (INFORMATION, SHEDULE CHANGES, OTHER PROGRAM INFO)? Yes <input type="radio"/> No <input checked="" type="radio"/>				
ADDRESS		EMAIL				
ADDRESS 2 (P.O. BOX, APARTMENT NUMBER)						
CITY		STATE		ZIP		
HOME PHONE		CELL PHONE		TEAM NAME		
EMERGENCY CONTACT PERSON		RELATIONSHIP		EMERGENCY PHONE		
TEAM MEMBERS' NAME (FIRST, LAST)		PHONE #	B-DAY	NAME	PHONE #	B-DAY
MANAGER				8		
2				9		
3				10		
4				11		
5				12		
6				13		
7				14		
<b>OFFICE USE ONLY</b>						
PAYMENT: <input type="radio"/> CASH <input type="radio"/> CHECK <input type="radio"/> DISCOUNT <input type="radio"/> GIFT CERTIFICATE					-	
DATE OF PAYMENT: _____					<b>TOTAL \$</b>	

**\*Important information and participation waiver on back of form.**

## **Registration Form Continued**

The New Baltimore Parks & Recreation Department welcomes individuals with special needs into programs. Please describe any accommodations needed for successful inclusion in the program(s):

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### **Important Information**

The New Baltimore Parks & Recreation Department (hereinafter referred as NBPR) is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in the highest possible regard. The NBPR continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the below listed programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, to consult a physician before undertaking any physical activity.

### **Warning of Risk**

Recreational activities/programs are intended to challenge and engage physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the NBPR to guarantee absolute safety.

### **Waiver and Release of all Claims and Assumption of Risk**

Please read this form carefully and be aware that in signing up and participating in the identified programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing any and all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in these programs/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims my minor child/ward or I may have (or accrue to me or my child/ward) as a result of participating in any and all programs/activities against the (NBPR), including its officials, agents, volunteers, independent contractors, instructors and employees.

In the event of an emergency, I authorize Parks & Recreation Staff to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my minor child/ward and agree that I will be responsible for the payment of any and all medical services rendered.

### **Recreation Department Use of Program Photographs**

NBPR reserves the right to use all photographs taken at community events, programs, and classes for publications and/or promotional purposes.

I have read and fully understand the above important information, warning of risk, assumption of risk, waiver and release of all claims, and photo/video authorization. If registering on-line or via fax my on-line facsimile signature shall substitute for and have the same legal effect as an original form signature.

X

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN OR PARTICIPANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME OF PARENT, GUARDIAN OR PARTICIPANT

\_\_\_\_\_  
EMPLOYEE ACCEPTING REGISTRATION

IF THE SIGNATURE OF ADULT PARTICIPANT OR PARENT/GUARDIAN OF YOUR MINOR CHILD/WARD AND DATE ARE NOT ON THIS WAIVER, **PARTICIPATION IN ACTIVITIES/PROGRAMS WILL BE DENIED.**