

# BILL ARP BASEBALL REGISTRATION FORM FALL 2016

\*NO REFUNDS WILL BE GIVEN AFTER THE LAST DAY OF REGISTRATION\*

PLAYER'S NAME	SPECIAL REQUEST (COACH OR TEAM)	
HOME PHONE NUMBER	BIRTHDAY	AGE
ADDRESS	CITY	ZIP
FATHER / GUARDIAN NAME	MOTHER / GUARDIAN NAME	
CELL PHONE #	CELL PHONE#	
EMAIL ADDRESS	EMAIL ADDRESS	

### PLEASE CIRCLE THE APPROPRIATE UNIFORM SIZE

SHIRT: YXS, YS, YM, YL, YXL, AS, AM, AL, AXL      HAT: YOUTH OR ADULT

JERSEY NUMBER REQUEST \_\_\_\_\_ (NUMBER CANNOT BE GUARANTEED)

### MEDICAL INFORMATION

INSURANCE COMPANY	GROUP/POLICY #	PHYSICIAN NAME & PHONE #
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LIST ( IF ANY ) MEDICAL CONDITIONS, ALLERGIES, DISABILITIES ,HANDICAPS, ETC:

IN CASE OF AN EMERGENCY, IF THE FAMILY PHYSICIAN CANNOT BE REACHED, I HEREBY AUTHORIZE THE INDIVIDUAL SUPERVISING THE TEAM ACTIVITY, TO SECURE FIRST AID AND/ OR THE SERVICES OF QUALIFIED HEALTH PROFESSIONALS WHEN DEEMED NECESSARY AND AGREE I SHALL ASSUME ALL FINANCIAL OBLIGATIONS THAT MAY ARISE FROM SUCH AID AND/OR SERVICES. I AGREE TO KEEP ALL EMERGENCY CONTACT INFORMATION UP TO DATE THROUGHOUT THE SEASON.

### WAIVER AND RELEASE OF LIABILITY

I AFFIRM THAT BY REGISTERING MY CHILD TO PARTICIPATE IN A PROGRAM AT BILL ARP PARK, I AM THE LEGAL PARENT OR GUARDIAN OF SAID CHILD AND AGREE TO THE FOLLOWING:

- 1) THE RISK OF INJURY FROM INVOLVEMENT IN THE TEAMS' ACTIVITIES ARE SIGNIFICANT AND INCLUDE THE POTENTIAL FOR PERMANENT INJURY AND/OR DEATH. RISKS ARE REDUCED BUT NOT ELIMINATED BY THE OBSERVANCE OF RULES, USE OF PROTECTIVE EQUIPMENT AND PERSONAL DISCIPLINE BY ALL PARTICIPANTS.
- 2) ON MY OWN BEHALF AND FOR THE MINOR CHILD IDENTIFIED ON THIS REGISTRATION FORM ( AND ON BEHALF OF EACH OF OUR HEIRS, ASSIGNS, AND NEXT OF KIN), KNOWINGLY AND FREELY ASSUME ALL RISK, BOTH KNOWN AND UNKNOWN, FOR PARTICIPATION IN ACTIVITES, AND HEREBY RELEASE, DISCHARGE, AND AGREE TO HOLD HARMLESS THE LEAGUE, THE PARK, THE TEAM AND THEIR RESPECTIVE DIRECTORS, OFFICERS, EMPLOYEES, OFFICIALS, UMPIRES, AND COACHES FROM AND AGAINST ANY LIABILITY, LOSS, COST, OR EXPENSE WITH REGARD TO ANY INJURY, DISABILITY, DEATH, OR ANY OTHER LOSS OR DAMAGE TO PERSONS OR PROPERTY.
- 3) I UNDERSTAND THAT UPON REGISTRATION I AM AUTOMATICALLY DEEMED A BILL ARP RECREATIONAL CLUB MEMBER THAT ENTITLES ME TO VOTING RIGHTS IN THE ORGANIZATION. I FURTHER UNDERSTAND THAT EACH DIVISION IN WHICH I PARTICIPATE HAS ITS OWN GOVERNING BODY. UNRESOLVED DISPUTES CAN AND WILL BE TAKEN TO THE BILL ARP RECREATIONAL BOARD FOR RESOLUTION. RESOLUTIONARY MEASURES INCLUDE BUT ARE NOT LIMITED TO EXPULSION FROM THE PARK AND ITS FUNCTIONS. I HAVE READ AND AGREE TO THE CODE OF CONDUCT FOR BILL ARP BASEBALL.
- 4) PROVIDE THE LEAGUE WITH A CERTIFIED BIRTH CERTIFICATE FOR THE ABOVE NAMED YOUTH TO BE VIEWED FOR AGE VERIFICATION.
- 5) I AGREE TO PAY MY CHILD'S REGISTRATION FEE IN FULL BEFORE THE FIRST GAME OF THE SEASON. IF FEE IS NOT PAID IN FULL, I UNDERSTAND THAT MY CHILD WILL NOT BE ABLE TO PARTICIPATE UNTIL IT IS PAID.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### OFFICE USE ONLY

REGISTRATION FEE	CONCESSION FEE	DISCOUNT	AMOUNT PD	BAL. DUE	CASH	CHECK #
RECEIPT #	PLAYING AGE	LEAGUE LEVEL	TEAM ASSIGNED	RECEIVED BY		