



Parks & Recreation

P.O. Box 688
895 Indian Mound Drive
Mt. Sterling, Kentucky 40353

BASEBALL PROGRAM

EARLY BIRD PRICE: \$50.00 FIRST CHILD/\$45.00 SECOND CHILD/\$40.00 THIRD CHILD/\$35.00 FOURTH CHILD (ALL CHILDREN MUST LIVE UNDER THE SAME ROOF) ABSOLUTELY NO REFUNDS WILL BE GIVEN FOR ANY REASON. ALL LATE SIGN-UPS WILL BE \$55 FOR EACH CHILD – NO EXCEPTIONS

NAME: _____ AGE 4/30/10 _____ GENDER M F

ADDRESS: _____ BIRTHDAY _____

PHONE: _____ EMERGENCY PHONE: _____

E-MAIL ADDRESS: _____

Check blanks below which apply to child for **this year**. League Age is how old the child will be on April 30 of this year. If returning from last year fill in name of team and coach from last year.

T-BALL 3-5 YRS NEW ___ RETURNING ___ (TEAM _____)

FARM 6 YRS NEW ___

MINORS 7-8 YRS NEW ___ RETURNING ___ (TEAM _____)

ROOKIE 9-10 YRS NEW ___ RETURNING ___ (TEAM _____)

CAL RIPKEN 11-12 YRS NEW ___ RETURNING ___ (TEAM _____)

BABE RUTH 13-15 YRS NEW ___ RETURNING ___ (TEAM _____)

Does child have a brother or sister registering for the same league? Yes ___ No ___
if so, please give the following information for the brother or sister:

Name: _____ male/female _____

SHIRT SIZE (SELECT ONE):

ADULT SIZES SMALL _____ MED _____ LARGE _____ X-LARGE _____

YOUTH SIZES X SMALL _____ SMALL _____ MED _____ LARGE _____

PLEASE BE SURE TO MARK THE CORRECT SIZE. YOU WILL BE REQUIRED TO PAY A \$10 FEE IF THE SHIRT NEEDS TO BE RE-SIZED.

WOULD YOU LIKE TO COACH A BASEBALL OR SOFTBALL TEAM? _____

MOM'S NAME: _____ DAD'S NAME: _____

TURN OVER TO COMPLETE

MEDICAL INFORMATION

DOES THIS CHILD HAVE A MEDICAL CONDITION OR TAKE MEDICATION THE COACH SHOULD KNOW ABOUT? IF SO, PLEASE NOTE ON THIS FORM.

PERMISSION AND WAIVER

I do hereby give permission for my child to participate in the above activity. I also recognize that participation in any youth sport may result in injury and that protective equipment does not always prevent injury to players. I do hereby waive, release, absolve, indemnify and agree to hold harmless the Mt. Sterling/Montgomery County Parks and Recreation Department, its employees and Board Members, local league organizers, sponsors, supervisors, coaches and participants from liability in case of injury and agree to assume the risk and cost of all injuries. I give my consent for emergency medical care prescribed by a duly licensed medical doctor or dentist to preserve the life, limb and/or well being of my child. I understand that I or my insurance carrier is primarily and ultimately responsible for all medical or dental expense incurred. The Parks and Recreation Department has only secondary accidental insurance and all claims must first be submitted to the participants' insurance carrier and only those claims not paid by the participants' carrier can and will be submitted to the secondary carrier for the Parks and Recreation Department to determine if any further coverage is available. If no further coverage is available, the Department will assume or pay none of these expenses.

PARENT SIGNATURE

DATE

IF YOU WOULD LIKE TO COACH A TEAM, PLEASE SIGN HERE _____