

Age on April 30<sup>th</sup> This Year \_\_\_\_\_

Birth Certificate

Fee Paid

Consent for Treatment

Training Rules (13+ yr olds)

## Application to Play Youth Baseball/Softball

**Rookie League(7&8)/Minor League(9&10)/Major League(11&12)/Babe Ruth(13-15) &Girls Softball(7-18)**

Player's Name \_\_\_\_\_ Born \_\_\_\_\_  
Month Day Year

I/We, the parents of the above named candidate for a position on a Fallon County Recreation Department team, hereby give my/our approval to participate in any and all league activities. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the local association, the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities for any claim arising out of an injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I/We agree to return, upon request, the uniform and other equipment issued to our child in as good a condition as when received, except for normal wear and tear.

I/We will furnish a certified birth certificate of the above named candidate to the Recreation Department.

Father's Name \_\_\_\_\_ Phone/Cell \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone/Cell \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone/Cell \_\_\_\_\_

Medical Conditions: \_\_\_\_\_ Physician \_\_\_\_\_

Shirt size: _____
Pant size: _____

I, the parent or legal guardian of \_\_\_\_\_  
(Full name of participant)

GIVE MY APPROVAL TO HIS OR HER PARTICIPATION IN ANY OF THE ORGANIZED AND SUPERVISED BASEBALL/SOFTBALL ACTIVITIES CONDUCTED BY THE FALLON COUNTY RECREATION DEPARTMENT UNDER THE FOLLOWING CONDITIONS:

- 1) In order to assure the safety of our athletes, we are following with the philosophy of [www.stopsportsinjuries.org](http://www.stopsportsinjuries.org) and have adopted the policy that players will participate exclusively in the Fallon County Recreation Department Baseball/Softball Program for the duration of the season, including post-season and all-star tournament play. Violation of this policy may result in dismissal from the league.
- 2) If chosen for a team which is to make intra-city or out-of-city trips, he or she is to travel under the supervisor's authority and direction from the time of departure until arrival time in Baker.
- 3) No supervisor, other members of the baseball/softball staff, Recreation Director, City of Baker, Fallon County, or any member of the Recreation Board will be held liable or responsible in case of an accident incurred during practice, games or on trips.
- 4) I consent to treatment deemed necessary by any physician designated by proper supervisor for any illness or injury occurring on baseball/softball trips in or out of town.
- 5) By my signature below, I acknowledge that I have read and been informed about the above policy conditions and agree to abide by it as a condition of my child's participation in the Baseball/Softball Program through the Fallon County Recreation Department.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_