

2021 MARION PARKS AND RECREATION YOUTH BASEBALL/SOFTBALL PROGRAM

PLEASE USE A DARK COLORED INK PEN TO COMPLETE THIS FORM

FOR BOYS AND GIRLS who desire to play baseball or softball in Marion this summer. Please complete this FORM (one form per player) and return it with the registration fee and a COPY of the ball player's BIRTH CERTIFICATE (unless the player's birth certificate is already on file in the recreation office) by **MARCH 23!**

Name: _____ D.O. B _____

Parent or Guardian: _____

Address: _____

Phone Number: _____ E-MAIL _____

BASEBALL= Age as of April 30, 2021 _____

Grade as of March 23, 2021 _____

SOFTBALL=Age as of January 1, 2021 _____

Grade as of March 23, 2021 _____

<u>LEAGUE</u>	<u>AGE</u>	<u>FEE</u>
_____ BLAST BALL BOYS/GIRLS	PRE-K/3-4 YEAR OLDS	\$15
_____ T-BALL BOYS/GIRLS	KINDERGARTEN/5-6 YEAR OLDS	\$15
_____ 8 & UNDER BOYS/MACHINE PITCH	1 ST -2 ND GRADE/7-8 YEAR OLDS	\$25
_____ 8 & UNDER GIRLS/MACHINE PITCH	1 ST -2 ND GRADE/7-8 YEAR OLDS	\$25
_____ 10 & UNDER BOYS	3 RD -4 TH GRADE/9-10 YEAR OLDS	\$45
_____ 10 & UNDER GIRLS	3 RD -4 TH GRADE/9-10 YEAR OLDS	\$45
_____ 12 & UNDER BOYS	5 TH -6 TH GRADE/11-12 YEAR OLDS	\$72
_____ 12 & UNDER GIRLS	5 TH -6 TH GRADE/11-12 YEAR OLDS	\$72
_____ 15 & UNDER BOYS	7 TH -9 TH GRADE/13-15 YEAR OLDS	\$95
_____ 16 & UNDER GIRLS	7 TH -10 TH GRADE/13-16 YEAR OLDS	\$95

*****THERE WILL BE A \$25.00 PER PLAYER LATE FEE CHARGE AFTER MARCH 23rd, 2021, WITH ABSOLUTELY NO EXCEPTIONS! The attached medical release form must be on file for each participant before they may participate in any practices or games.**

TO WHOM IT MAY CONCERN: In the event the above-named player is taken to an emergency room or medical facility and in need of treatment in my absence from attendance at practices, games, events, or activities, this player's coach or any employee of the City of Marion/Marion Parks & Recreation has my consent to authorize treatment for this player by the doctor(s) of their choosing as the doctor(s) may deem necessary. I, the undersigned, do hereby acknowledge that I have given the above-named player permission to participate in the above-named summer Baseball/Softball program with full knowledge of the risk involved.

I hereby agree to assume those risks and **will not** hold the City of Marion, Marion Parks & Recreation, USD 408, team sponsors, coaches, and all representatives liable for any injury, harm or complications resulting from said participation in this program. Furthermore, I do assume full responsibility for any and all medical expenses resulting from any accidents or injuries suffered by the above-named player while participating in the summer Baseball/Softball program.

Parent or Guardian's Signature: _____ Date: _____

Please complete information on reverse side.

Marion Parks and Recreation Department Medical Information and Authorization

(Please print)

Participant's Name _____
Phone _____ Birth Date _____ Age _____
E-mail Address _____
Home Address _____ City/Zip _____
Parent/Guardian _____ Work Phone _____
Address _____ City/Zip _____
Emergency Contact: Name _____
Phone _____ Relationship _____
Doctor/Hospital _____ Phone _____
Special Information: Medication, allergies (bee sting, foods, etc.), limitations, surgery, heart, etc.

Waiver of Liability: Should an emergency occur, for which I cannot be contacted, I/we will allow my/our child to be treated by a hospital, physician, or other certified medical personnel in the event of injury, accident, or illness. I/We further agree to assume all risks and hazards incidental to such participation, including transportation to and from the activities and do hereby waiver, release, absolve, indemnify, and agree to hold harmless City of Marion Parks and Recreation Department, City of Marion, USD 408, team sponsors, instructors/coaches, volunteers, and authorized persons transporting myself or my/our child for any claim arising out of any injury to myself or my/our child. **I also authorize the use of photographs and/or videotapes of my child/children/ward or myself as part of the City of Marion promotions.**

If you **DO NOT** want your photos or videos published, please check the box,



Do **Not** use photos of my child

Signature(s) _____ Date _____

Insurance Company _____

Policy # _____

Insurance Phone number _____

Name of Insured _____

Note: This release is to be carried by head/assistant coach to all practices and games.

Warning: Protective equipment cannot prevent all injuries a player might receive while participating in athletic activities.