

### Participant and Spectator Rules

No abusive behavior, language or profanity directed at a player, coach, referee or league coordinator will be tolerated. Violators of these policies will be given one warning. If participants and spectators do not comply they will be removed from the building or venue.

I, the parent of the registrant, a minor, agree that I and the registrant will abide by the rules of Parks and Recreation, its affiliated organizations, and sponsors. Recognizing the possibilities of physical injury associated with soccer and in consideration for the Parks and Recreation Department accepting the registrant for its soccer program and its activities, I hereby release, discharge, and/or indemnify the Parks and Recreation Dept. its affiliated organizations, their sponsors, their employees, Volunteers, and associated personnel, against any claims by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

**CONSENT FOR MEDICAL TREATMENT:** I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or wellbeing.

**RELEASE OF IMAGE:** I grant permission to the City of Batesville, its employees and agents, to take and use visual/audio images of me. Visual / audio images are any type of recording, including photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. The images may be used in any manner or media without notifying me, such as City of Batesville sponsored web sites, publication, promotions, broadcasts, advertisements, posters and theater slides. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them. I release the City of Batesville and its employees and agents, including any firm authorized to publish and/ or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking or use of the images or printed material used with the images. I have read this release before signing, I understand its contents, and I freely accept the terms.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

### **WE NEED YOUR HELP! Volunteer to Coach your child's team!**

Please consider being a positive role model and coaching your child's team...you will be making a huge impact!

If no parent willingly volunteers, teams may be consolidated offering less playing time to participants OR parents will be contacted and randomly designated to coach your child's team.

Name(s) \_\_\_\_\_ Contact # \_\_\_\_\_



## *Youth Baseball/Softball*

### Fall 2015

Registration	Aug. 3 <sup>rd</sup> - Aug. 21 <sup>st</sup>
Late Registration (+\$10)	Aug. 24 <sup>th</sup> - Aug. 27 <sup>th</sup>
Player Evaluation Days	Sep. 1 <sup>st</sup> & 2 <sup>nd</sup>
(Times for age groups will be posted on Web Page & FB Page)	
Practice Begins	September 8 <sup>th</sup>
Spring Season	Sept. 21 <sup>st</sup> - Oct. 30 <sup>th</sup>

#### Return Registration Forms portion to:

*Batesville Parks & Recreation*

*1830 Chaney Drive, Batesville, AR 72501*

*(870) 698-2427*

## Program Description

Thank you for your interest in the Batesville Youth Baseball Program. Batesville Parks & Recreation is excited to offer recreational baseball for girls and boys ages five to eighteen. The season will have two practices per week and two games per week. Registration is available for the current season only.

ALL PLAYERS REGISTERING WITH BATESVILLE PARKS & RECREATION ARE ASSIGNED TO A TEAM BASED ON AGE USING A DRAFT PROCESS. Uniforms will be provided to all registered players. There will be a background check on all coaches performed by the sanctioning body.

Once teams are made and uniforms ordered, registration fees are  
**NON-REFUNDABLE.**

## Registration Fees

**One Child \$65.00**

**Two Siblings \$125.00**

**Three or More Siblings  
\$170.00**

**Limited Confidential Scholarships are available  
upon request at**

**1 per Family based on "First come, first served".**

**NOTE:** All registration forms must be accompanied by PAYMENT and BIRTH CERTIFICATE unless a scholarship request is approved.

OFFICIAL USE:

Paid by:  Cash  Check  Birth Certificate

## Registration Form

Childs Name (First and Last) \_\_\_\_\_

Sport which you are registering for:  Baseball  Softball

Sex \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Softball Age (as of January 1<sup>st</sup>, 2016) \_\_\_\_\_

Baseball Age (as of April 30, 2016) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please List any medical problems  
\_\_\_\_\_

Contact Email (for practice, scheduling and coaching information)  
\_\_\_\_\_

Parent Name \_\_\_\_\_

Primary Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Emergency Contact (**Not living in same household**):

\_\_\_\_\_ Phone \_\_\_\_\_

Doctor to notify:

\_\_\_\_\_ Phone \_\_\_\_\_

**Shirt Size** (circle one) YS YM YL AS AM AL AXL AXXL

## Race (For statistical purposes only)

African American Caucasian Hispanic

Asian Native American Other