# PARKS & RECREATION DEPARTMENT
# FALL BASEBALL LEAGUE

Player's Information:

Last Name: _____ First Name: _____ MI: _____
Nickname: _____ Birth Date: ___/___/ _____ Age: ____
Address: _____ City: _____ State: _____ Zip: _____
Primary Phone #: _____

Parent(s)/Guardian(s) Information:

Parent/Guardian: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone:_____ Cell Phone:_____
Primary E-Mail:_____

Parent/Guardian: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone:_____ Cell Phone:_____
Primary E-Mail:_____

PREFER TO BE CONTACTED BY; PLEASE MARK WITH AN (X):
Cell Phone ___ Home Phone___ or E-mail____

Have you ever played baseball before? ☐ Yes ☐ No If yes, where _____

Positions Played/Years of Experience:

☐Pitcher/yrs. exp. ____ ☐Catcher/yrs. exp. ____ ☐1st base/yrs. exp. ____

☐2nd base/yrs. exp. ____ ☐3rd base/yrs. exp. ____ ☐Shortstop/yrs. exp. ____

☐Outfield/yrs. exp. ____

Position Preference: 1st _____ 2nd _____ 3rd _____

Uniform Size: Jersey_____

**ALL COACHES WILL HAVE TO PASS A BACKGROUND CHECK.**
I would like to volunteer in this program as:
Head Coach: ☐ Assistant Coach: ☐

****PLEASE READ INFORMATION ON BACK OF FORM****

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Office Use Only

Total Paid: $_____ Cash: $_____ Check: _____ Credit Card Rec_____
Received By: _____ Date: _____

Photo Policy:

Photos are periodically taken of participants in our Programs. These photos may be used in our brochures and other marketing materials. If you do not want to be a part of this photo policy please advise.

Waiver of Liability:

I, the undersigned, understand and acknowledge that participating in a recreational activity can be hazardous and I realize that no one should enter into a recreational activity unless the participant is medically able. I/We assume all risks associated with this activity including, but not limited to: falls, contact with other participants or equipment, effect of weather, equipment failure, and condition of the playing area. I fully understand that it is my responsibility to ascertain if this specific activity contains other elements of risk that could prove to be harmful to a participant. Having read this waiver and in consideration of acceptance of my entry into the program, I and everyone entitled to act on my behalf waive and release the City of Prattville, The Parks and Recreation Department, its co-sponsors, their representatives and successors from all claims and liabilities of any kind arising out of my participation or my child's participation in this activity.

Signature: _____ Today's Date: _____

Of participant (age 18 and over)

Of Parent or Guardian (if under age 18)

Notice of Non Discrimination:

It is the policy of The City of Parks and Recreation Department to provide an equal opportunity for participation in its programs to all individuals. The City does not discriminate on the basis of race, color, national origin, sex, age, religion, disability, or any other protected group.

It is the policy of The City of Prattville Parks and Recreation Department to provide access to its programs for persons with disabilities in accordance with Title II of the Americans with Disabilities Act (ADA) of 1990, as amended. The City does not discriminate on the basis disability and, upon request, will provide reasonable accommodation to ensure equal access to its programs, services and activities.

The ADA does not require the City of Prattville to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

Please read and initial below.

1._____Look at the sample shirt and make sure the correct shirt size is placed on the registration form. This is the size that will be ordered. The cost of the jersey will be $15.00 to reorder and must be paid before the order is placed.

2._____Please make sure correct age and year is on the registration form. Participants will play with the age group they are as of April 30th of the current year. Participants can play up in an older age group (if requested before the teams have been drawn) but not in a younger age group. To play up in an older age group, the request must be made at the time of registration.

3._____Must present copy of birth certificate at time of registration.

4._____No requesting of a specific coach or players to be placed on the same team for transportation. Siblings, if same age, will be placed on the same team.

5._____Practice dates and times are chosen by the coaches. There is no guarantee that your child/children in different age groups will have the same practice days, times or game times.

Registration Fee Due when registering: $ 50 per child Registration Deadline: Friday, August 14th

Practices start week of August 31th

Games begin Monday September 21st

**I have read and understand the rules listed above.**

**Signature: _____**