

PROSPECT ATHLETIC RECREATION BASEBALL SIGN-UP FORM

THIS FORM MUST BE COMPLETED AND RETURNED WITH ALL FEES PAID
CIRCLE DIVISION AND FEES THAT APPLY

ANNUAL FAMILY MEMBERSHIP....\$60.00

T-BALL \$85.00 ROOKIES \$100.00 MINORS \$130.00 MAJORS \$130.00

COACH PITCH SOFTBALL \$115.00 FAST PITCH SOFTBALL \$115.00

BIRTH CERTIFICATES ARE NEEDED AT FIRST PRACTICE ROOKIES, MINORS, AND MAJORS

.....
ATHLETE'S INFORMATION

LAST NAME _____ **FIRST NAME** _____ **DOB** / /

CURRENT AGE _____ **BOY** _____ **GIRL** _____

PARENT'S LAST _____ **PARENT'S FIRST** _____

HOME PHONE _____ **CELL PHONE** _____ **WORK PHONE** _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

E-MAIL _____

EMERGENCY CONTACT NAME AND PHONE # _____

****PROSPECT ATHLETIC ASSOCIATION OS A NON-PROFIT ORGANIZATION RUN BY VOLUNTEERS. THIS INCLUDES THE COACHING STAFF, SO IN AN EFFORT TO KEEP THIS ENJOYABLE FOR OUR YOUNG ATHLETES A CERTAIN LEVEL OF RESPECT SHOULD BE MAINTAINED AT ALL TIMES IN REGARDS TO THE COACHING STAFF, UMPIRES, PARENTS (HOME OR VISITOR) AND OTHER ATHLETES, WHILE AT THE BALLFIELDS OR IN THE PARKING LOT. ALL VIOLATIONS SHOULD BE REPORTED TO THE DIVISION COMMISSIONERS OR A BOARD MEMBER.

****ONCE AN ATHLETE HAS BEEN PICKED AND PLACED ON A TEAM, HE OR SHE WILL REMAIN ON THAT TEAM UNTIL THE END OF THE SEASON, THERE ARE NO EXCEPTIONS.

****A RESPONSIBLE PARENT OR GUARDIAN SHOULD ALWAYS BE AT PRACTICES AND GAMES IN CASE OF EMERGENCY.

**WE GIVE OUR PERMISSION FOR OUR CHILD TO PLAY REGULAR GAMES WITH THE TEAM AND AGREE TO PAY THE MEMBERSHIP FEE AND SPORT FEE. WE UNDERSTAND THE ACCIDENT INSURANCE COVERAGE WILL BE IN ADDITION TO OUR INSURANCE AND WILL PAY A LIMITED COVERAGE AMOUNT AFTER OUR INSURANCE HAS BEEN EXHAUSTED. A COPY OF THE ACCIDENT INSURANCE COVERAGE IS AVAILABLE UPON REQUEST.

**WE THE PARENTS OF THE ABOVE NAMED CANDIDATE FOOR A POSITION ON A TEAM, HEREBY GIVE OUR APPROVAL FOR THEIR PARTICIPATION IN ANY AND ALL ACTIVITIES. WE ASSUME RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION, INCLUDING TRANSPORTATION TO AND FROM THE ACTIVITIES AND WE DO HEREBY WAIVE, RELEASE INDEMNIFY AND AGREE TO HOLD HARMLESS THE PROSPECT ATHLETIC ASSOCIATION, THE ORGANIZERS, SPONSORS, SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING OUR CHILD TO OR FROM THE ACTIVITIES FOR ANY CLAIM ARISING FROM AN INJURY TO OUR CHILD, EXCEPT TO THE EXTENT AND IN THE AMOUNT COVERED BY THE ACCIDENT INSURANCE.

**WE HAVE READ AND UNDERSTAND THE ABOVE AND AGREE BY OUR SIGNATURE.

PARENT OR LEGAL GUARDIAN SIGNATURE _____ **DATE** _____

PARENTS NAME PRINTED _____ **CHILD'S NAME** _____

I WOULD LIKE TO HELP BY _____

=====

FEES: MEMBER _____ **SPORT** _____ **= TOTAL** _____ **BY** _____

CK# _____ CASH _____