

PROSPECT ATHLETIC RECREATION BASEBALL SIGN-UP FORM

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

T-BALL - \$85

BASEBALL: ROOKIES - \$130

MINORS \$140

MAJORS \$150

FASTPITCH SOFTBALL: 8U - \$130 10U - \$140 12U - \$150 14U - \$150

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 IS A NON-PROFIT ORGANIZATION RUN BY VOLUNTEERS. THIS INCLUDES THE COACHING STAFF, SO IN AN EFFORT TO KEEP THE 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 ENO 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 _____