

LANSING YOUTH SPORTS REGISTRATION FORM
2018 T-Ball / Baseball

Office Use Only:

Payment Type: C CK CC

TB CP 10U 12U 14U

Date Rec: _____

Initials: _____

Entered By: _____

Date Entered: _____

Child's Information:

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Sex: _____ **Date of Birth:** _____

Secondary Number: _____

School: _____ Grade: _____ USD 469 Resident
(Lansing)

Email Address: _____

Participant Experience Level: **Beginner** **Intermediate** **Advanced**
(circle one) (never played) (has played) (experienced player)

Has participant: **Pitched on a prior team?** **Yes** **No**
(circle answer) **Played catcher on a prior team?** **Yes** **No**

Circle a Jersey Size: Lansing Parks & Recreation is only responsible for one (1) jersey per child. Additional jerseys (i.e. wrong size ordered) will be purchased at the expense of the parent/legal guardian.

Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X-Large

Father's Name: _____ Would like to Coach

Mother's Name: _____ Would like to Coach

****Checking the above box does not guarantee a coaching position****

Special Request/Preferences: _____
(These are **not** guaranteed)

IMAGE RELEASE:

In consideration of participation in the City of Lansing youth sports, the undersigned agrees that their likeness, or the likeness of their child/ward, may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the youth sports program.

Signature of Parent/Legal Guardian

Date Signed

CITY OF LANSING

RELEASE OF LIABILITY & AGREEMENT TO INDEMNIFY

For myself and/or on behalf of any minor child and/or dependent of mine identified below (individually and collectively referred to herein as "Participant"), I acknowledge and accept: (a) that participation in the Activities is voluntary; (b) that I am aware, and am fully satisfied with my understanding, of the nature of the Activities, the abilities and limitations of any Participant with respect to the Activities, and the nature of the involvement of Participant in the Activities, and (c) that there is an inherent risk that injuries, damages and even death may occur as a result of participation in the Activities.

Nevertheless, in consideration of the City of Lansing's authorization and/or grant of permission concerning the Activities, I, for myself, and/or any other Participant, and all related heirs, executors, administrators and assigns, and any other person or entity claiming by or through the rights of any Participant, including me, forever release, discharge and hold harmless the City of Lansing, its elected officials, and any of its employees and agents (individually and collectively referred to herein as the "City of Lansing Released Parties") from any and all claims, demands, and causes of action, including without limitation those for personal or bodily injury or death, based on, arising out of, or related to participation in the Activities.

In addition, I also agree to supervise any minor child and/or dependent of mine identified below and withdraw him/her from participation if he/she is unfit to participate in the Activities or if I observe any actual or impending danger to his/her health or other well-being, and I agree to indemnify and hold the City of Lansing Released Parties harmless from all liability, costs and damages, including attorney fees, if I fail to supervise him/her and/or fail to withdraw him/her from participation in the Activities and/or if any Participant, including me, asserts a claim, demand, and/or cause of action released above.

I have read, fully understand, and voluntarily agree to the foregoing.

Participant Name

Signature of Participant (or of Parent/Legal Guardian if Minor Participant)

Date: _____

INJURY NOTIFICATION POLICY:

If my child has been or becomes diagnosed with a condition that prohibits them from participating in (*activity*) I will inform the Parks and Recreation office and understand that my child will not be allowed to participate in said activity until a full medical release is provided by a physician. _____

Initials

Parent/Spectator Code of Ethics

The following are expected behaviors of parents/guardians/spectators:

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other youth sports events.
- I will refrain from the use of foul or abusive language in the proximity of any sporting events, and confrontations between myself, coaches, other parents, referees, or other participants.
- I will not voice complaints or concerns toward coaches, game officials or league officials in front of the players at any time.
- I will show proper respect of an officials' judgement and interpretation of the rules.
- I will place the emotional and physical well-being of my child ahead of a personal desire to win.
- I will remember that the game is for youth – not adults.
- I will do my very best to make youth sports fun for my child.
- I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.

I understand that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include but is not limited to the following:

- Verbal warning
- Written warning
- Game suspension
- Season suspension

I have read and agree to the expectations set forth.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian