

Ashland City Baseball
Spring Baseball Registration Form 2019

Child's Information

Name on Birth Certificate _____ Birthday _____
Name Child Goes By _____ Age _____ on April 30th
Has the child played baseball before? Y N How long has he/she played? _____
Which league did he/she play in? _____ Release required? Y N

Mother's Name _____

Address _____ City _____
Zip Code _____ Home Phone _____ Cell Phone _____
Email address: _____
Preferred method of contact: Text Email Home Phone Cell Phone

Father's Name _____

Address _____ City _____
Zip Code _____ Home Phone _____ Cell Phone _____
Email address: _____
Preferred method of contact: Text Email Home Phone Cell Phone

Would you be willing to help with concessions? Yes No

Waiver and Indemnity Agreement

The undersigned, intending to be legally bound hereby and in consideration of facilities and properties of Ashland City Parks and Recreation, employees, agents, and contractors for any and all liability for bodily injury to the above named participant and loss or damage to personal property with respect to any and all claims suits and losses (including property damage) arising out of the use of J.W. Johns Park. I further understand that accidents occasionally occur during participation in sports and other physical activities. Knowing the risks, nevertheless, I hereby agree to assume those risks and to release and hold harmless Ashland City Dixie Baseball League and Ashland City Parks and Recreation, its employees and agents. I hereby acknowledge that I have read and understand the waiver and indemnity agreement for the above mentioned parties.

Signature of Parent/Guardian _____ **Date** _____

League Use Only

Amount Paid \$ _____ **Cash/Check #** _____ **Receipt #** _____

Shirt Size YXS YS YM YL YXL AS AM AL AXL **Preferred Number** _____

Pant Size YXS YS YM YL YXL AS AM AL AXL **Tried On** Y N