



2010 SOFTBALL

REGISTRATION

Last Name: _____

Year _____

First Name: _____

Registration **\$60** (\$40 for additional child)

Address: _____

Add: ASA Fee \$6 (if girls Minor & up)

City/State/Zip: _____

League: _____

Phone #: _____

Team: _____

Cell Phone #: _____

E-Mail: _____

School: _____

DOB: _____ Age: _____ Gender: _____

Medical Issues: _____

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

PLEASE CIRCLE WHERE YOU CAN HELP OUT:

Concession
5 to 8 pm

Field Cleanup

Coach or Assist

Umpiring

Team
Sponsor

AGREEMENT REGARDING RISK OF BASEBALL/SOFTBALL

I AGREE TO HAVE MY CHILD TAKE PART IN THE HILE RECREATION ASSOCIATION (HRA) BASEBALL AND SOFTBALL PROGRAMS ON THE FOLLOWING TERMS:

1. I DO HEREBY PERMIT MY CHILD TO PARTICIPATE IN THE HILE BASEBALL & SOFTBALL PROGRAM OPERATED BY HRA, A MICHIGAN NON-PROFIT CORPORATION. I FURTHER AGREE TO PROVIDE REASONABLE CARE OF ALL LEGAL PROPERTY LOANED TO MY CHILD AND SHALL RETURN THE SAME UPON REQUEST.
2. I UNDERSTAND THAT BASEBALL AND SOFTBALL WILL EXPOSE MY CHILD TO CERTAIN RISKS. THESE RISKS INCLUDE BEING STRUCK BY BALLS OR BATS, COLLISION WITH OTHER PLAYERS, INJURIES CAUSED BY TERRAIN OR OBSTACLES & OTHER HAZARDS.
3. I REPRESENT THAT MY CHILD HAS NO HEALTH OR PHYSICAL PROBLEMS THAT WILL INTERFERE WITH BASEBALL OR SOFTBALL PLAYING AND THAT MY CHILD HAS ADEQUATE MEDICAL INSURANCE.
4. I AGREE THAT MY CHILD IS RESPONSIBLE FOR HIS OR HER OWN SAFETY.
5. I AGREE TO ASSUME AND ACCEPT THE RISKS OF THE INHERENT DANGERS OF THE ACTIVITY OF BASEBALL AND SOFTBALL PLAYING.
6. I AGREE THAT HRA, AND ITS MEMBERS, DIRECTORS, EMPLOYEES, AND AGENTS, WILL NOT BE LIABLE IF MY CHILD SUFFERS PERSONAL INJURY OR DEATH, EXCEPT IF CAUSED BY THEIR GROSS NEGLIGENCE OR WILLFUL AND WANTON CONDUCT.
7. I AGREE THAT IF HRA AND/OR ITS MEMBERS, DIRECTORS, EMPLOYEES OR AGENTS ARE SUED BY ANYONE ELSE BECAUSE OF CLAIMED CONDUCT OF MY CHILD OR ME, I WILL INDEMNIFY HRA FOR ALL DAMAGES AND COST.

I HAVE READ THIS AGREEMENT BEFORE SIGNING IT. INDIVIDUALLY AND AS A PARENT OR GUARDIAN OF:

CHILD'S NAME: _____

SIGNATURE: _____ DATE: _____