

Mapleton Evening Little League Baseball Program

Circle Child's T-shirt Size: (Youth) Y-S Y-M Y-L/(Adult) A-S A-M A-L A-XL

(Sizes tend to run small. We cannot exchange shirts once they have been ordered.)

Participant's Name: _____ Age as of May 1st _____
(Please fill out a separate registration for each child. It helps us keep things organized better.)

Birth Date: _____ Name of School and Grade they will be attending this coming fall _____

Parent/Guardian's Name(s): _____

As a parent, are you interested in being a volunteer coach? _____

(A commitment to be at all season games is a must in order to coach)

Telephone #: _____ / _____ Email: _____

Mailing Address: _____

Legal Residence (if different): _____

Did/does player play for middle school team during school year? _____

Team that player played for last year (if applicable): _____

Does player have a sibling in the league? If yes, who? _____

Medical Concerns/other issues to be aware of: _____

Eligibility – Players must be *at least age 8, and no older than age 12 as of May 1st* of this year.

Note: *Teams are chosen by coaches. Siblings will be placed on the same team. All spectators and relatives must display good sportsmanship and lead by example. Those disturbing the game will be asked to leave. Late signups will be placed on a waitlist and may not be able to play.*

Fees for Little League:

Residents:

(April 22nd – April 26th): \$35 per child / \$75 max per family)

(April 29th – May 3rd): \$40 per child / \$85 max per family)

(May 6th – May 17th): \$45 per child / \$95 max per family)

Non-Residents:

(April 22nd – April 26th): \$45 per child / \$95 max per family)

(April 29th – May 3rd): \$50 per child / \$105 max per family)

(May 6th – May 17th): \$55 per child / \$115 max per family)

“Max per family” discounts cannot be applied across activities. They only apply within the specific activity that is being registered for.

***Players are encouraged to provide their own equipment. This includes gloves, bats (must have official USA bat stamp), and helmets. Some shared equipment will be available. Not being able to provide your own equipment however, should not deter you from registering to play.

Registration deadline is May 17th. All registrations received after the deadline will be placed on a waiting list, and *may not receive a team t-shirt* due to ordering deadline.

For office use only

Today's Date _____ Total Fees Paid: \$ _____

TOWN OF MAPLETON, CASTLE HILL & CHAPMAN
RECREATION PROGRAM WAIVER
RELEASE OF LIABILITY AND WARNING!
PLEASE READ BEFORE SIGNING!

1. In consideration for _____, born ____/____/____
(Print Name) (mm/dd/yy)

hereafter referred to as MINOR CHILD, being allowed to utilize the programs, services, facilities and equipment available in the MAPLETON, CASTLE HILL & CHAPMAN RECREATION PROGRAM (hereafter referred to as MCHCRP) and on the grounds surrounding it, **I voluntarily agree to assume all risks involved in my MINOR CHILD participating in or using the programs, services, facilities and equipment of the MCHCRP.** I understand that direct supervision by MCHCRP staff may not be provided and by participating in or using the programs, services, facilities and equipment of the MCHCRP, **my MINOR CHILD is exposed to the risk of injuries including but not limited to temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, head, neck or spinal injuries, loss of use of arms and/or legs, eye damage, disfigurement, drowning or death.** I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of my MINOR CHILD'S participation in or use of the programs, services, facilities and equipment of the MCHCRP that cannot be specifically listed. Further, I recognize that the actions of other users of the MCHCRP may cause harm or loss to my MINOR CHILD'S person or property.

2. I release the Towns of Mapleton, Castle Hill & Chapman, the Recreation Department, and the employees, the agents or representatives or staff of Mapleton, Castle Hill & Chapman (hereafter referred to as the Towns) from any and all liability, claims, costs, expenses, injuries or losses including those resulting from acts of negligence by the MCHCRP that I, or my MINOR CHILD may otherwise sustain as a result of my MINOR CHILD'S participation in or using the programs, services, facilities and equipment of the MCHCRP. I also release the Towns from loss or damage to the person or property of my MINOR CHILD caused by other users of the MCHCRP.

3. If any part or portion of this Assumption of Risk and Release of Liability is determined to be invalid or unenforceable, the remaining parts or portions shall be enforceable to the fullest extent permitted by law.

4. By signing as the parent or guardian of the MINOR CHILD, I represent that I am the **legal** parent or guardian of the MINOR CHILD. I, the undersigned parent or legal guardian, acknowledge that I am also signing this Assumption of Risk and Release of Liability on behalf of the MINOR CHILD and that the MINOR CHILD shall be bound by the terms of this Assumption of Risk and Release of Liability.

5. In the case of an emergency where I cannot be reached, I hereby give authorization to the Towns, MCHCRP, its employees and the treating physician to obtain or provide what medical treatment is deemed necessary for the immediate welfare of my MINOR CHILD as named above.

6. I have carefully read this Assumption of Risk and Release of Liability and fully understand its contents. I am aware that this Assumption of Risk and Release of Liability is a contract between the MCHCRP, and myself and on behalf of my MINOR CHILD (as named above), I sign it of my own free will.

THIS DOCUMENT WILL BE CONSIDERED EFFECTIVE FROM THIS DATE FORWARD.

LEGAL Parent or Guardian #1 Signature of LEGAL Parent or Guardian #1 Date _____ Printed name of

LEGAL Parent or Guardian #2 Signature of LEGAL Parent or Guardian #2 Date _____ Printed name of
(If available and applicable, we request the name and signature of two legal parents or two legal guardian's on this document.)

NOTE: It is strongly recommended that parents/legal guardians consult a physician prior to allowing their child to participate in physical activity.