

9 & 10 Boys

OLIVE BRANCH PARK & RECREATION T-BALL, BASEBALL, SOFTBALL REGISTRATION FORM ***PARENTS MUST PROVIDE A COPY OF PLAYERS BIRTH CERTIFICATE

Player Name Birthdate League Age DO NOT WRITE HERE

Street Address Player Age Player: MALE or FEMALE

City State Zip Code

Father's Name Address Phone home cell/work

Mother's Name Address Phone home cell/work

Address Phone home cell/work

Age Group & Name of Team Last Year

Player's Shirt Size: Youth Small Youth Large Adult Small Adult X-Large Youth Medium Adult X-Large Youth Large Adult XX-L Adult XXX-L Adult Medium

PARENTS, PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY. THROUGH AN OPEN DRAFT SYSTEM, SPECIAL REQUESTS, SUCH AS PLAYING FOR A CERTAIN COACH, ON A CERTAIN TEAM, OR WITH A CERTAIN TEAMMATE WILL NOT BE CONSIDERED.

1. EVERY PLAYER REGISTERING FOR AN OBPR SPORTS PROGRAM WILL BE DRAFTED ONTO A TEAM. HEREBY GIVE MY APPROVAL FOR THE CHILD TO PARTICIPATE IN ANY AND ALL PROGRAMS OR ACTIVITIES DURING THE SEASON. I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION, INCLUDING, BUT NOT LIMITED TO TRANSPORTATION TO AND FROM ACTIVITIES; AND I DO HEREBY INDIVIDUALLY, AND FOR AND ON BEHALF OF THE CHILD WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE CITY OF OLIVE BRANCH, ITS STAFF, EMPLOYEES, OFFICERS, ELECTED AND APPOINTED OFFICIALS, ORGANIZERS, SPONSORS, SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING MY CHILD TO OR FROM ACTIVITIES, FROM ANY CLAIM OR DAMAGE TO PROPERTY.

2. I, THE PARENT/GUARDIAN OF THE ABOVE NAMED CANDIDATE FOR A POSITION ON AN OBPR TEAM, PARTICIPATING IN A TEAM SPORT, AND THE PARTICIPATION POLICIES SET FORTH BY THE PARKS AND RECREATION DEPARTMENT APPLY TO THE REGISTRATION OF THE ABOVE NAMED PLAYER. I, THE PARENT/GUARDIAN OF THE ABOVE NAMED PLAYER, UNDERSTAND THAT HE/SHE IS OR DAMAGE TO PROPERTY.

3. I, THE PARENT/GUARDIAN OF THE ABOVE NAMED PLAYER, UNDERSTAND THAT HE/SHE IS OR DAMAGE TO PROPERTY, PERSONAL INJURY AND/OR DEATH ARISING OUT OF AN INJURY TO MY CHILD. PARTICIPATING IN A TEAM SPORT, AND THE PARTICIPATION POLICIES SET FORTH BY THE PARKS AND RECREATION DEPARTMENT APPLY TO THE REGISTRATION OF THE ABOVE NAMED PLAYER.

4. I, THE PARENT/GUARDIAN GIVE PERMISSION TO OBPR TO RELEASE TO MY CHILD'S COACH THE NECESSARY PERSONAL CONTACT INFORMATION. I have read, understand, and agree with the above statements 1 through 4. Parent Signature Would you like to: HEAD COACH ASSISTANT COACH Date

*Note: Volunteering to coach or filling out a coach's application does not guarantee you will coach a team. Please list any activity related medical conditions: Park Officials Birth Certificate Verification

RECEIPT #