

2010

For Office Use Only:

Amount Paid: _____

Circle: Cash Check Credit Card

Check # _____

Scholarship Applied For: Yes No



City of Anderson Parks & Recreation
Youth Baseball Contract

Date: _____

Male or Female

Do you live in or pay Anderson City Taxes? Yes No

Child's Full Name: _____

Name called by: _____

Birthdate: _____ Age on April 30, 2010: _____

Home Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____
(If different from Home Address)

Home Phone Number: _____ Grade: _____ School: _____

E-Mail Address: _____

Parent or Parents Name(or Legal Guardian): _____

May we contact you at work? Yes No Work Phone Number: _____

Team played on last year: _____

Do you wish to return to same team? Yes No

THE PARTICIPANT MUST BE COVERED UNDER SOME TYPE OF INSURANCE:

Do you wish to purchase insurance for \$7.00? Yes No

Does your child have a medical/physical condition that needs to be made aware of?

Please circle the correct shirt size below – What you circle is what we will order for your child. We are not able to make exchanges once the shirts are ordered. Unless you have an extremely small child, the Rec. Department recommends ordering the adult sizes once your child reaches the 10 & Under Age Group and above(*The Youth Small is recommended only for a very small child.*)

Circle One Below:

Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16)

Adult Small Adult Medium Adult Large Adult X-Large Adult XX-Large

I hereby release the City of Anderson, its coaches, sponsors, and the Recreation Department from any and all liability from damages arising from injuries received by the foresaid player at the present or which may occur in the future while he/she participates in/or travels to the above activity.

I have insurance to cover the said participant or have purchased the insurance offered by the Rec. Department through an independent carrier. I understand that no insurance coverage will be provided by the City of Anderson unless I sign up for it. I also understand that the insurance has certain limitations and maximums which are explained in the handout that I will receive if I purchase the insurance.

I also understand the following refund policy: Full refund with exception of a \$10.00 administrative fee charge, until one week after advertised registration period is complete. After the one week period NO REFUNDS WILL BE ISSUED.

I understand there is a \$30.00 service charge on all returned checks. This fee, as well as all original charges, must be paid in cash before my child will be allowed to participate. I also understand there is a \$10 late fee after the advertised registration dates.

I understand that my child will not be allowed to switch teams once the rosters are set for the season. If you have a problem with a coach or team you understand that the complaint must be put in writing and will be reviewed by the Recreation Department.

I understand that my child must attend practice on a regular basis in order to play in games and in order to avoid any disciplinary action. I understand the coach must be notified due to an absence.

I also understand that I must have my child to practice/games on time and be picked up on time. I understand that Law Enforcement may be contacted if I fail to pick my child up as discussed in the previous statement.

I circled the proper shirt size for my child and I understand that once the shirts size is ordered it will not be reorder by the Recreation Department.

I understand that once my child receives his ball cap it will be an additional charge if the ball cap is lost or damaged and a new one is needed.

I acknowledge that the staff of the Anderson Parks and Recreation Department will review this contract for its accuracy. If any of the above information is discovered to be false, I fully understand that this contract will be declared null and void and this player will not be allowed to participate.

I agree to conduct myself in a sportsmanlike manner at all times. I understand that this is expected of players, parents, and other family members or friends and that the Recreation Department Staff has the authority to remove anyone violating this stipulation without discussion. I acknowledge that all fees and/or charges are nonrefundable once the regular season for the activity begins. I certify that I have read this contract, understand its provisions, and that the information is accurate.

Parent's or Guardian's Signature

I hereby give my permission and consent to the City of Anderson to take and use photographs or videos of myself and/or my dependent(s) while participating in programs or using the facilities or equipment. I further give my permission and consent to the City of Anderson to use such photographs or videos for promotions, marketing or advertising by the City of Anderson or on its behalf. I agree that there will be no compensation paid for the use of such photographs or videos.

_____ YES

_____ NO

Scholarship Program Available:

The Scholarship Program is based on level of income.

Those interested in applying ask for application.