

## Tri-Township Park District AAA Baseball Registration

Last Name	First name	DOB	Medical Information	Shirt Size
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AAA Division Grade 9-12 ages 14-18

PARENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOME/CELL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOME/CELL: \_\_\_\_\_

REQUEST FOR TEAM/COACHES: \_\_\_\_\_

FEES:	Registration AAA	\$95.00	Total Fee: _____
	Late Fee	\$20.00	Cash _____
			Check _____ *TRI-TOWNSHIP PARK DISTRICT
			CC _____

I WANT TO VOLUNTEER: HEAD COACH ASSISTANT COACH SHIRT SIZE \_\_\_\_\_

\*IF YOU VOLUNTEER, YOU MUST FILL OUT A BACKGROUND CHECK

\*\*ALL COACHES WILL RECEIVE AN ADULT XL SHIRT UNLESS OTHERWISE SPECIFIED.

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any such injuries, damage or loss regardless of severity, which I or my child/ward may sustain as a result of participating in any activities connected to or associated with any such programs(s). I waive and relinquish all claims I or my child/ward may have against TRI-TOWNSHIP PARK DISTRICT and its officers, agents, servants and employees as a result of participating in any of the above program(s). I further agree to indemnify, hold harmless and defend TRI-TOWNSHIP PARK DISTRICT and its officers, agents, servants and employees from any and all claims results from injuries, damages, and losses sustained by me or by my child/ward connected with or in any way associated with the activities of any of the program(s). I have read and fully understand the above program details and waiver and release all claims.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

FOR AA & AAA LEAGUE ONLY-Legion Baseball Player Participation:

(Circle appropriate response) My child is / is not a Legion Baseball Player.

(Circle appropriate response) My child will / will not be trying out for Legion Baseball.

If my child does make Legion baseball, I understand my child is no longer eligible to play in the Tri-Township Park District Recreational Baseball League and I will notify the coach of my child's team of my child's Legion player status.

I understand that it is my responsibility to notify the Park Office for a refund. \_\_\_\_\_ (Parents initials/Date)