

**BASEBALL**

**HORN LAKE PARK & RECREATION  
REGISTRATION FORM**

**PARENTS MUST PROVIDE A COPY OF PLAYER'S BIRTH CERTIFICATE  
CHILDS PLAYING AGE \_\_\_\_\_**

PLAYER NAME ( \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

STREET ADDRESS \_\_\_\_\_ PLAYER: **MALE OR FEMALE**

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

.....  
(PLEASE PRINT)  
FATHER'S NAME \_\_\_\_\_ PHONE / HOME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE / CELL \_\_\_\_\_  
MOTHER'S NAME \_\_\_\_\_ PHONE / HOME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE / CELL \_\_\_\_\_  
.....

- PARENTS, PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY.**
- 1. EVERY PLAYER REGISTERING FOR AN HLPR SPORTS PROGRAM WILL BE DRAFTED ONTO A TEAM THROUGH DRAFT SYSTEM. **(SPECIAL REQUESTS. SUCH AS PLAYING FOR A CERTAIN COACH, ON A CERTAIN TEAM, OR WITH A CERTAIN TEAMMATE WILL NOT BE CONSIDERED.)**
  - 2. I, THE PARENT / GUARDIAN OF THE ABOVE NAMED CANDIDATE FOR A POSITION ON AN HLPR 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 HORN LAKE ITS STAFF, EMPLOYEES, OFFICERS, ELECTED AND APPOINTED OFFICIALS, ORGANIZERS, SPONSORS, SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING MY CHILD TO OR FROM ACTIVITIES, FROM ANY CLAIM FOR PROPERTY DAMAGE, PERSONAL INJURY AND/OR DEATH ARISING OUT OF AN INJURY TO MY CHILD OR DAMAGE TO PROPERTY.
  - 3. I, THE PARENT/GUARDIAN OF THE ABOVE NAMED PLAYER, UNDERSTAND THAT HE/SHE IS PARTICIPATING IN A TEAM SPORT AND THE PARTICIPATION POLICIES SET FORTH BY THE PARKS AND RECREATION DEPARTMENT APPLY TO THE RESISTRATION OF THE ABOVE NAMED PLAYER.
  - 4. I, THE PARENT / GAURDIAN GIVE PERMISSION TO HLPR TO RELEASE TO MY CHILD'S COACH THE NECESSARY PERSONAL CONTACT INFORMATION.

**I HAVE READ, UNDERSTAND, AND AGREE WITH THE ABOVE STATEMENT 1 - 4**

**\*PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

WOULD YOU LIKE TO HEAD COACH \_\_\_\_\_ ASSISTANT COACH \_\_\_\_\_

PLEASE LIST ANY ACTIVITY RELATED MEDICAL CONDITIONS: \_\_\_\_\_

**EMERGENCY CONTACT \_\_\_\_\_**  
(RELATIONSHIP) \_\_\_\_\_ PHONE \_\_\_\_\_  
\_\_\_\_\_

**BASEBALL SIGNUP FEES - \$40.00 for ages 3 thru 16**

**To be eligible to participate in the baseball all star selection program.  
A child must live within the Horn Lake Dizzy Dean sanctioned area (Any questions please call  
The Park Office at 662-781-4529 concerning sanctioned areas).**

It is my option to request my child not be coached by the following individual \_\_\_\_\_  
All complaints will be in writing to the Park Director after first talking to the coach.