

HORN LAKE PARKS & REC BASEBALL 2012 REGISTRATION FORM
AGES 3-16

PARENTS MUST PROVIDE A COPY OF PLAYER'S BIRTH CERTIFICATE
CHILDS PLAYING AGE _____ (AS OF APRIL 30TH, 2012)

Return completed forms: Horn Lake Parks & Rec located at City Hall, 3101 Goodman Road,
Horn Lake, MS. 38637 Phone: 662-342-3483 Fax: 662-342-3485

PLAYER NAME (_____ BIRTHDATE _____
(LAST) (FIRST) (MIDDLE)

STREET ADDRESS _____ PLAYER: MALE OR FEMALE

CITY _____ STATE _____ ZIP CODE _____ SCHOOL _____

.....
(PLEASE PRINT)
FATHER'S NAME _____ PHONE / HOME _____ EMAIL _____
ADDRESS _____ PHONE / CELL _____
MOTHER'S NAME _____ PHONE / HOME _____ EMAIL _____
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 _____
*****THERE ARE NO REFUNDS AFTER DRAFT FOR ANY REASON*****

PLEASE LIST ANY ACTIVITY RELATED MEDICAL CONDITIONS: _____

EMERGENCY CONTACT _____
(RELATIONSHIP) _____ PHONE _____

BASEBALL REGISTRATION FEES - \$50.00 DESOTO RESIDENTS & \$90.00 FOR NON DESOTO RESIDENTS
To be eligible to participate in the baseball all star selection program, child must attend school at either Horn Lake, Walls or Lake Cormorant schools. (Any questions please call the park office at 662-342-3483 concerning sanctioned areas).

I request my child not be coached by the following individual _____

Returning players from 2011 season(if you are not moving up an age group):
TEAM: _____ COACH: _____