

# GREENWAY SUMMER BASEBALL REGISTRATION

## 2020

### Registration Form and Waiver & Release of Liability

Permission is hereby granted for the following named person to participate in the Greenway Joint Recreation Association Baseball Program, In consideration of the permission, the participant or the legal guardian:

1. Agrees that prior to participation, to inspect facilities and equipment to be used, and if they believe it to be unsafe, will immediately advise their coach or Association of such conditions and not participate.
2. Acknowledge that in participating in these activities, a risk of serious injury, including permanent disability and death or other losses might result not only from their own actions, inactions & negligence, but the actions, inactions, or negligence of others, the rules of play, or the conditions of the premises or of any equipment used.
3. To assume all the foregoing risks and accepts all responsibility for the damage following such injury, permanent disability, or death.
4. Release, waive, discharge, and covenant not to sue the Greenway Joint Recreation Association, its administrators, directors, agents, coaches, and other members which participate in the Greenway Joint Recreation Association, hereinafter called "releasees" from any kind of liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses, and damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or part by the negligence of the releasee or otherwise.
5. **Acknowledges that registration received after July 1, 2020 will not be guaranteed any choice of team location.**

I/We, have read the above waiver and release, understand that I/We give up substantial rights by signing it, and voluntarily sign below.

Players Name \_\_\_\_\_ B-date \_\_\_\_\_

Parent(s)/Guardian Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mom Cell # \_\_\_\_\_ Dad Cell # \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

School District residing in: \_\_\_\_\_ School District attending: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Parent Email address \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

SQUIRTS ONLY: Team location request: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Registration Fee: Ages 7-9: \$30 Ages 10-14: \$50

Please do not write in the shaded area, GJRA use only.

Amount Pd: \_\_\_\_\_

Check # \_\_\_\_\_

Receipt # \_\_\_\_\_

GJRA use only: Age: \_\_\_\_\_ Division: \_\_\_\_\_ Team: \_\_\_\_\_