

TITAN SUMMER BASEBALL REGISTRATION 2024

Please fill out and return to the Hodgins-Berardo Arena in Coleraine or mail to:

Greenway Joint Rec., P.O. Box 519, Coleraine, MN 55722

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 May 10th, 2024 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 _____

T-BALL & SQUIRTS ONLY: Team location request: 1. _____ 2. _____

Reg. Fee: TBall Ages 5-6 \$30/ Squirts Ages 7-9 \$40/ Jr. Titans Ages 13-15 \$70

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

Amount Pd: _____

Check # _____

Receipt # _____

GJRA use only: Age: _____ Division: _____ Team: _____