



2020
Fall Baseball League
REGISTRATION FORM
 Sanford Recreation Department
 300 North Park Avenue Sanford, FL. 32771
 Post Office Box 1788 Sanford, FL. 32772

407.688.5120 option 6 www.sanfordfl.gov or email: john.polk@sanfordfl.gov

Division:
PPN/Team:
League Age:

PLAYER INFORMATION

LAST NAME		FIRST NAME		MIDDLE	NICKNAME
Have you played in Babe Ruth/Cal Ripken Baseball program with the City of Sanford this Past Year? <input type="checkbox"/> Yes <input type="checkbox"/> No		What was the coach's or the team's name?		School Attending:	Birth date: / /
				Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			Home phone: () ()		Cell phone: () ()
P.O. Box:	City:		State:	ZIP Code:	
In which league age group did he/she participate?		<input type="checkbox"/> 4-6 Tee Ball		<input type="checkbox"/> 7-8 Rookie's	
<input type="checkbox"/> 11-12 Major's	<input type="checkbox"/> 13-15 Jr's	<input type="checkbox"/> 16-18 Sr's		Please note that child's age on or before April 30, 2021 will determine the child's league age.	

Jersey Size: YS YM YL AS AM AL AXL A2X A3X Hat Size: Y A

PARENT INFORMATION

Parent or Legal Guardian's Name:	Address:	Home phone:
Work Phone:	Cell Phone:	Best Time to contact:

Email 1:

Email 2:

EMERGENCY CONTACT

Name of emergency contact:	Relationship to player:	Home phone no.:	Work phone no.:
Other than the Parent:		() ()	() ()

SPECIAL REQUESTS

ARE YOU INTERESTED IN VOLUNTEERING YES NO

Head Coach Assistant Coach Team Mom/Dad Scorekeeper Concessions

Parent's/Legal Guardian Signature _____ Please Print Name _____ / / () _____
 DATE Telephone No.:

FOR OFFICE USE ONLY

<input type="checkbox"/> City Resident	<input type="checkbox"/> Non Resident	<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order
Amount Paid: \$ _____		Date: _____	Receipt # _____	Initials: _____	

Tee Ball Ages 4-6 \$35 City Resident & \$45 Non Resident, Ages 7-15 \$70 City Resident & \$80 Non Resident

www.sanfordyouthbaseball.com





CITY OF
SANFORD
PARKS & RECREATION
DEPARTMENT

YOUTH BASEBALL PROGRAM 2020

Name of Child: _____
Name of Parent: _____
Address, City, Zip: _____
Email Address: _____
Day Phone: _____ Cell Phone: _____
Date: _____

(AGREEMENT FOR CHILD PARTICIPATION)

CONSENT, WAIVER AND HOLD HARMLESS: The undersigned (as a parent of the above-named child) expressly understands, agrees and acknowledges that participation in the Youth Baseball Program (Program) of the City of Sanford (City) could result in illness, bodily injury, death, property damage or any other form of liabilities, claims, damages, injuries, losses and expenses, including, but not in any way limited to, any and all reasonable attorney's fees and costs. The undersigned hereby assumes full responsibility for, and risk of, illness, bodily injury, death, property damage or any other form of liabilities, claims, damages, injuries, losses and expenses, including, but not in any way limited to, reasonable attorney's fees and costs, due to, or arising from, any act of the City during the course of participation in the Program which may include presence on City sites and in City owned or controlled vehicles as a part of the Program. Further, the undersigned expressly agrees not to make any claim, suit, action or other demand against the City for any illness, bodily injury, death, property damage or any other form of liabilities, claims, damages, injuries, losses and expenses, including, but not in any way limited to, reasonable attorney's fees and costs, resulting, in whole or part due, or arising from, any act of the City during the course of participation in the Program whether occurring before or after the date that this Consent, Waiver And Hold Harmless Agreement is signed. Any and all such claims, suits, actions and demands against the City are hereby expressly and irrevocably released and waived regardless of the cause. The foregoing release and waiver of liability is intended to be as broad, plenary and inclusive as is permitted by law. In the event any part hereof is held to be invalid, that part of this document which is not invalid shall remain in full force and effect. The undersigned is competent, of sound mind, and freely, voluntarily, and knowingly signed their name hereto and having read this document in its totality. No oral representations, statements or inducements have been made by the City to induce a signature. The undersigned has received, read and fully understands the rules, regulations and guidelines for participating in the Program and will convey that understanding, accurately and in full to the child. Additionally, the undersigned covenants not to sue the City in any means or under any process or procedure or under any theory of law pursuing any legal remedy of type or nature whatsoever.

NOVEL CORONAVIRUS/COVID-19 GUIDELINES & WAIVER: The undersigned also hereby acknowledges that the City is doing everything that it can reasonably do to protect the public as well as users of its facilities with regard to the Novel Coronavirus/COVID-19. The undersigned agrees that the above Consent, Waiver And Hold Harmless applies to exposures to the Novel Coronavirus/COVID-19 and that I and my child must follow Center of Disease Control ("CDC"), State/County guidelines, and City Parks and Recreation policies and procedures for social distancing and health and safety to reduce the spread of Novel Coronavirus/COVID-19. This will require me and my child to wear a mask when within six (6) feet of other individuals inside City facilities and to maintain as much distance when possible between myself, my child, participants, instructors, volunteers, employees and patrons of the City when outside of a City facility. I and my child agree to utilize surgical masks or improvised masks such as scarves, bandanas, buffs and handkerchiefs to reduce the risk of exposure to myself, my child and others. I and my child agree to wash our hands before participating in activities or using City equipment. I and my child agree to participate in mandated sanitizing procedures after using equipment and to wash or sanitize our hands before and after entering facilities, as well as after using the restroom, sneezing or coughing. The City is not responsible for any potential exposure to Novel Coronavirus/COVID-19 at City facilities. Failure to comply with the requirements herein or verbal instructions from City staff may result in my or my child's privilege to use City facilities being revoked and being barred from the facilities.

PHOTO RELEASE: I hereby grant the City permission to use my or my child's likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by the City, in perpetuity, and for other use by the City. I will make no monetary or other claim against the City for the use of the photograph(s)/video.

PROOF OF AGE/REFUNDS: By signing this form the parent/or legal guardian is to furnish the City of Sanford Recreation Division a copy of the birth certificate for the above mentioned player, if the player's birth certificate is not on file with the city. I/We have read the above and agree and understand the policies set forth above. All registration fees are NON-REFUNDABLE once the participant has received his/her uniform."

FIRST AID/MEDICAL CARE: In the event my child sustains any injury or illness during the a City program or at a City facility, I hereby authorize City to administer, or cause to be administered, such first aid or other treatment that the City, in its sole and absolute discretion, deems necessary and prudent under the circumstances, including, but not limited to, treatment by a hospital or physician, and I shall bear any and all costs and expenses relative to such services.

AUTHORITY AND UNDERSTANDING: The undersigned represents to the City that he/she has the full and complete authority to make the statements made herein and undertake the obligations, liabilities and responsibilities as set forth herein for her/himself and the child. The use of the word "City" herein means and includes the government of the City of Sanford and its officials, officers, employees, agents, servants, invitees, volunteers and guests. The undersigned binds her/himself individually and collectively with each all other parent(s) of the child as well as the child and my and the child's heirs, personal representatives, successors and assigns.

PARENT/GUARDIAN SIGNATURE OF AGREEMENT:

Signature
Print Name: _____
Date: _____

Witness # 1 Signature
Print Name: _____
Date: _____

Witness # 2 Signature
Print Name: _____
Date: _____