

Plaquemines Parish Recreation

2021 TEE BALL, SOFTBALL & BASEBALL REGISTRATION



March 29th - April 23rd
AGES 4 - 14
Residents - \$25.00
Non Residents Welcome - \$75.00
Late Registration Fee – Additional \$10.00



Please Print

CHILD'S NAME: _____ ADDRESS: _____

CITY: _____ STATE/ZIP: _____

BOYS AGE BY (**APRIL 30TH 2021**) _____ GIRLS AGE BY (**DECEMBER 31ST, 2020**) _____

Male Female Date of Birth: _____ / _____ / _____

Age Group: Tee Ball True 6 7/8 9/10 11/12 13/14

Parent/Guardian: _____ Contact: _____

Email: _____

Parent/Guardian: _____ Contact: _____

Email: _____

A COPY OF THE CHILD'S BIRTH CERTIFICATE MUST BE SUBMITTED BEFORE YOUR CHILD IS PERMITTED TO PARTICIPATE IN A REGULATION GAME

ASSUMPTION AND ACKNOWLEDGE OF RISKS AND RELEASE OF LIABILITY AGREEMENT

In consideration of being allowed to participate in Plaquemines Parish Government's (PPG) recreational activities, the undersigned hereby, acknowledges, appreciates, and agrees to the following:

1. The risks of injury from the activities involved in this program are significant including but not limited to **serious personal injury, permanent paralysis and even death**; and while particular rules, equipment and personal discipline may reduce the risks. The risks of serious injury does exist. **I knowingly and freely assume all such risks, both known and unknown**, even if arising from the negligence of PPG or others and assume full responsibility for any participation in PPG recreational activities.
2. I willingly agree to comply with the stated and customary terms and conditions for participation, and any direction from PPG staff, coaches or activity officials. If I observe any unusual significant hazard during my presence or participation, I will bring such to the attention of PPG or its nearest representative or official immediately.
3. **I agree** for myself, my child, my administrators, personal defender, executors predecessors, successors, agents, heirs and assigns to hereby release, indemnify and hold harmless PPG, its officers, officials, agent and/or employees, other participants, and if applicable, owners and lessors of premises used to conduct the event ("Indemnitees"), from any present or future claim for physical or emotional injury property damage or death arising directly or indirectly from my or my child's participation in any PPG recreational activities, to the fullest extent permitted under law, including

allegations or claims of negligence on the part of PPG or any of its affiliated Parties; provided, however, this Agreement does not apply to actions of gross negligence, willful or wanton conduct, or intentional conduct by PPG or its Affiliated Parties.

I HAVE READ THIS RELEASE OF LIABILITY, HOLD HARMLESS, AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, SIGN IT FREELY AND VOLUNTARILY WITHOUT DURESS AND INDUCEMENT, AND AGREE TO ALL ITS TERMS AND CONDITIONS. FURTHERMORE, I HEREBY CERTIFY THAT I AM THE PARENT/GUARDIAN WITH LEGAL USTODY OF THE MINOR CHILD, _____ AND CONSENT TO HIS/HER PARTICIPATION IN ALL 2021 PPG BASEBALL RECREATIONAL ACTIVITIES.

Signature: _____ **Print Name:** _____ **Date:** _____

OFFICE USE:
ID #: _____ **CHECK #:** _____ **MONEY ORDER #:** _____
AMOUNT: _____ **RECEIVED BY:** _____ **DATE:** _____

2021 BASEBALL LEAGUE

MEDICAL HISTORY FORM

Parent's Name: _____ Email: _____

Address: _____
CITY STATE ZIP

Home#: _____ Cellular #: _____

*Emergency Contact: _____ Phone#: _____

(Other than Parent)

Relationship to Child: _____

Child or Children's Name	Any Medical Conditions	List ALL Medications (including over counter)

I hereby certify that the above information is true, accurate and complete to the best of my knowledge, and that falsification of the information requested is grounds for discipline up to and including suspension or termination from team.

MEDIA RELEASE

I hereby grant Plaquemines Parish Government Recreation permission to take photos of myself or my child for publication on the Parish Website.

Parent/Guardian Signature

Date

Photo Release

By signing this agreement, you hereby give permission for your child's name and contact information to be released to the designated Photographer for Team Pictures.

Parent/Guardian Signature

Date