

# \_\_\_\_\_  
Office Use Only

**Program Summary:** Teams are coached and supervised by volunteers. The teams will play games in Canton as well as travel to other nearby towns to play games. Coaches pitch for girls 8 years old & under and for the 7 & 8 year old boys.

**Registration Fee & Deadline:** \$40 per Applicant;  
Deadline is Monday, April 4, 2016.  
\$10 late fee for all late registrations.

**Participate Ages:** Girls ages 7 to 12 with a cut off date of January 1st; Boys ages 7 to 12 with a cut off date of April 30th.

# 2016 Night Baseball & Softball Registration Form



Registration forms and fees need to be returned by April 4, 2016 to Canton City Hall at 210 North Dakota, Canton, SD 57013. A drop box is also located on the east side of the building.

Child's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade in 2015-2016 School Year: \_\_\_\_\_

Child Lives With: \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father Email: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Doctor in Canton: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Conditions, Concerns, or Problems: \_\_\_\_\_

Medications: \_\_\_\_\_

Select Appropriate Program: Girls Softball (Jan 1st cut off)  8/Under (Coach Pitch)  10/Under  12/Under  14/Under  
Boys Baseball (April 30th cut off)  7 & 8 yr olds (Coach Pitch)  9 & 10 yr olds  11 & 12 yr olds

**The night league needs parental involvement.** If you are interested in the following, please write your name on the blank(s).

Coach: \_\_\_\_\_ Asst Coach: \_\_\_\_\_

Other: \_\_\_\_\_ Umpire (Home games only, this is a paid position): \_\_\_\_\_

**Important--Please read the following and sign below:**

I, the parent/legal guardian of the named registrant, acknowledge the dangers involved in participating in baseball/softball. I hereby on behalf of the participant and his/her executors, administrators, heirs, next of kin, successors and assigns:

- A. Waive, release and discharge for any and all liability for participant's death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to the participant and his/her estate, the City of Canton, SD, and its officers, agents and employees; and
- B. Indemnify and hold harmless the City of Canton, SD, and its officers, agents and employees from and against any and all liabilities and claims made by other individuals or entities as result of participant's participation or actions during this activity of event.

I further consent to and authorize medical treatment of the participant, in the event of injury, accident or illness during this activity.

This release and waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

By signing this form, I agree and consent that the City of Canton, SD has my permission to use any image, photograph, video clip or other similar image, in any media format, of the named registrant while participating in the day recreation programs, provided the image is used for promotional materials, news releases, City of Canton website or other published formats for the City of Canton. To opt out check here \_\_\_\_.

I also certify that everything on this application is correct, to the best of my knowledge.

Name of Parent or Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_