



Canton Parks and Rec is excited to introduce **C-Hawk Mini Kicks!**

**WHO:** Preschool-2<sup>nd</sup> grade (must have been age 4 by Sept 1, 2019)  
Preschool-Kindergartners will meet on Saturdays for a 15-minute practice followed by a 30-minute game. 1<sup>st</sup>-2<sup>nd</sup> graders will practice once during the week and meet on Saturday for a game. Times to be determined once all registrations are received. All correspondence will be through email.

**GAME DATES** (weather permitting): March 28, April 4, 18, 25, May 2

**WHERE:** Games will be held at Kennedy Park

**COST:** \$25 (\$10 discount for volunteer coaches) All fees are non-refundable.

Please fill out the registration form and turn into City Hall with payment by **February 28, 2020.**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Gender: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ Are you willing to help coach? [ ] Yes [ ] No

**Parent Contact Information:**

Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contacts (If parents cannot be reached):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**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/day recreation program. 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:** \_\_\_\_\_