

2022 Night Baseball & Softball Registration



Registration forms and fees need to be returned to Canton City Hall at 210 N Dakota Street. A drop box is located on the east side of the building.

Child's Name: _____ Date of Birth: _____ Age as of 1/1/2022 _____

Address: _____ City/State/Zip: _____

Gender: M F T-Shirt Size: YS YM YL AS AM AL AXL Grade in '22-'23 School Year _____

Select Appropriate Program: *Must be 7 by 1/1/22 to participate*

Girls Softball (Age as of 1/1/2022) 8/Under (Coach Pitch) 10/Under 12/Under

Boys Baseball (Age as of 1/1/2022) 7&8 Year Old's (Coach Pitch) 9&10 Year Old's 11&12 Year Old's

Parent Contact Information:

Parent/Guardian: _____ Phone Number: _____

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Email: _____

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Emergency Contacts (If parents cannot be reached):

Name: _____ Phone: _____

Health Conditions, Concerns, Problems or Medications:

Fee Schedule:

	Through February 28	March 1—April 1	After April 1st
Individual Night Ball Only	\$80.00	\$90.00	\$100.00
Family (2+ Children) Night Ball Only	\$150.00	\$170.00	\$190.00

*Fees include \$15 jersey fee (jerseys can be kept by the participant)

Registrations received after April 15, 2022 will only be accepted if space allows on existing teams.

The Softball and Baseball program needs parent involvement. If you are interested in the following, please check below:

Coach Assistant Coach Umpire (Home games only, this is a paid position) Other _____

Name _____ Phone: _____

Important—Please read the following and sign below:

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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.

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Gender: M F T-Shirt Size: YS YM YL AS AM AL AXL Grade in '22-'23 School Year _____

Select Appropriate Program: *Must be 7 by 1/1/22 to participate*

Girls Softball (Age as of 1/1/2022) 8/Under (Coach Pitch) 10/Under 12/Under

Boys Baseball (Age as of 1/1/2022) 7&8 Year Old's (Coach Pitch) 9&10 Year Old's 11&12 Year Old's

Parent Contact Information:

Parent/Guardian: _____ Phone Number: _____

Parent/Guardian: _____ Phone Number: _____

Email: _____

Email: _____

Emergency Contacts (If parents cannot be reached):

Name: _____ Phone: _____

Health Conditions, Concerns, Problems or Medications:

Fee Schedule:

	Through February 28	March 1—April 1	After April 1st
Individual Night Ball Only	\$80.00	\$90.00	\$100.00
Family (2+ Children) Night Ball Only	\$150.00	\$170.00	\$190.00

*Fees include \$15 jersey fee (jerseys can be kept by the participant)

Registrations received after April 15, 2022 will only be accepted if space allows on existing teams.

The Softball and Baseball program needs parent involvement. If you are interested in the following, please check below:

Coach Assistant Coach Umpire (Home games only, this is a paid position) Other _____

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 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:** _____

2022 Night Baseball & Softball Registration



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