

Division _____ Coach _____ Team _____ Fee _____

Wichita Heights Jr. Baseball & Softball League

Andover Parks & Recreation
Park City Baseball & Softball

Bel Aire Recreation
Valley Center Recreation Commission

Circle Recreation
Valley Center Recreation Commission

El Dorado Parks & Recreation
Whitewater Park Board

PLEASE PRINT ALL INFORMATION

(Age divisions and their respective restrictions are outlined on the reverse side of registration form.)

Child's name _____ Date of birth ____/____/____

Age as of: Male - 5/1/2020 _____ Female - 1/1/2020 _____ Number of years played _____

Division my child will be playing in (circle one):

7-8 year old softball 9-10 year old softball 11-12 year old softball 13-15 year old softball

7-8 year old baseball 9-10 year old baseball 11-12 year old baseball 13-14 year old baseball

Father/Guardian (first & last name) _____

Mother/Guardian (first & last name) _____

Primary address _____ City _____ Zip _____

Father cell phone _____ Mother cell phone _____

e-mail - father _____ e-mail - mother _____

Name and age of other siblings registered to play: _____

The undersigned hereby gives permission for (name of child) _____ to participate in the Wichita Heights Jr. Baseball & Softball League for the current season, with the understanding that the league, league officers, team managers/coaches, the Andover Parks & Recreation, City of Andover, USD #385, Bel Aire Recreation Department, City of Bel Aire, Circle Recreation, City of Towanda, USD #375, Benton Sports and Athletic Commission, City of Benton, El Dorado Parks & Recreation, City of El Dorado, USD #490, Park City Baseball & Softball, City of Park City, PIAS-PC, Inc., Play it Again Sports, Valley Center Recreation Commission, City of Valley Center, USD #262, Whitewater Park Board, City of Whitewater, USD 206, Potwin Recreation and the City of Potwin, employee's or associates of the above mentioned entities will in no way be responsible for any accident or injury while practicing or playing, or for lost or stolen items while practicing or playing or as a spectator in any league sponsored event to the above named. Nor shall the above named person or persons be responsible for any team travel.

MEDICAL TREATMENT AUTHORIZATION AND WAIVER

By signing this document, I further authorize any licensed physician or hospital to render medical treatment to (name of child) _____, when requested by any Wichita Heights Jr. Baseball & Softball League coach, manager, league officer or their assistant/assignee.

I understand that there is **NO** primary medical insurance provided by the Wichita Heights Jr. Baseball & Softball League.

I have read, understand and agree to the above 3 items (sign) _____ Date ____/____/____

Medical information: Family Physician _____ Phone _____

Known allergies _____

I would be interested in helping in the following area(s):

____ Head Coach ____ Assistant Coach ____ Umpire

OFFICE USE ONLY

Pd cash _____ Pd check _____ # _____ Date pd. ____/____/____ Rec _____

Release of Liability / Permission and Assumption of Risk Agreement

In consideration for my child being allowed to participate in any way in a **Valley Center Recreation Commission** class, activity and/or program, the undersigned acknowledges, appreciates and agrees that:

The risk of injury from the activities involved in this program is significant, including potential for permanent paralysis and death and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and,

I KNOWINLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, **EVEN IF ARISING FROM NEGLIGENCE OF THE RELEASEES** or other and assume full responsibility for my child's participation; and,

I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard(s) during my presence or my child's participation, I will remove my child from participation and bring such to the attention of the nearest official immediately; and,

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS THE VALLEY CENTER RECREATION COMMISSION**, their officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers and if applicable, owners and lessors of premises used to conduct the event/activity, **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH** or loss or damages to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**.

From time to time photographs of the participants in our recreation programs may be taken. These pictures will be a representation of the enriching experiences offered to your child during the activity. Some of the pictures may be posted on our Facebook and web page – www.valleycenterrecreation.com.

Refund Policy

Requests for refunds **MUST** be made in writing and will be considered **ONLY** under the following circumstances:

- Medical - **must submit a Doctor's statement.**
- Moving out of the school district (U.S.D. #262).
- Participant no longer meeting one (1) of the "eligibility requirements", to be considered an In-District participant.
- Job or shift transfer that would conflict with the activity.
- School function (verified in writing by a Principal, Teacher or Coach) which would conflict with the activity.
- Dissatisfied with the activity.
- Death of the participant or immediate family member.

No requests for refunds will be accepted and/or considered for any reason, other than the above listed items. A **\$5.00 per person bookkeeping charge** will be assessed to all refund requests that are approved. In addition, any league fees, insurance, uniform costs that have already been incurred prior to the request for refund, will also be deducted.

100% refund

(less \$5.00 bookkeeping charge)

A 100% refund will be issued if the written request for the refund is received in the VCRC office, **prior to the first class, practice and/or game** (whichever is applicable).

75% refund

(less \$5.00 bookkeeping charge)

A 75% refund will be issued if the written request for the refund is received in the VCRC office, **after the first class, practice and/or game BUT prior to the second class, practice and/or game** (whichever is applicable).

50% refund

(less \$5.00 bookkeeping charge)

A 50% refund will be issued if the written request for the refund is received in the VCRC office, **after the second class, practice and/or game BUT prior to the third class, practice and/or game** (whichever is applicable).

No refunds will be considered after the third class, practice and/or game (whichever is applicable).

NOTE

It is the date that the written request is actually submitted to / in the VCRC office, not the date that may be written on the letter of request.

I HAVE READ THE RELEASE OF LIABILITY / PERMISSION AND ASSUMPTION OF RISK AGREEMENT and REFUND POLICY, FULLY UNDERSTAND THEIR TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Date signed _____/_____/_____