



# Wallace County Recreation

## SUMMER BALL REGISTRATION

ALL FORMS AND PAYMENT DUE Tuesday, April 23rd (Put in Rec Dropbox or mail to PO Box 52)

Please sign your child up for one of the below age brackets:

**\*\*Please note age division changes from last summer\*\***

- T-ball: 4-6 year olds** (3 coaches needed)
- Coach Pitch: 7-9 year olds** Boys: 2 Coaches needed  
Girls: 2 Coaches needed
- Majors: 12 and under** Boys: **Preston Dautel (1 more coach needed)**  
Girls: 2 Coaches needed

*The age your child was on January 1, 2024 is the age group they fall into. Children may move up in an age category but may not move down.*

**Child's Name:** \_\_\_\_\_ **Age on Jan 1:** \_\_\_\_\_ **Gender** (circle one): Male Female  
**Shirt Size** (circle one): YS YM YL AS AM AL AXL

**Child's Name:** \_\_\_\_\_ **Age on Jan 1:** \_\_\_\_\_ **Gender** (circle one): Male Female  
**Shirt Size** (circle one): YS YM YL AS AM AL AXL

**Child's Name:** \_\_\_\_\_ **Age on Jan 1:** \_\_\_\_\_ **Gender** (circle one): Male Female  
**Shirt Size** (circle one): YS YM YL AS AM AL AXL

**Child's Name:** \_\_\_\_\_ **Age on Jan 1:** \_\_\_\_\_ **Gender** (circle one): Male Female  
**Shirt Size** (circle one): YS YM YL AS AM AL AXL

- Player's fees** (Make checks payable to Wallace County Rec):
- \$25/ 1 child
  - \$40/ 2 children
  - \$55/ 3 children
  - \$70/ 4 or more children

*If you coach, your child's fee for that division is waived*

**Family Contact Information** (You will receive texts/calls throughout season from Rec Director and your child's coach)

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Want to Coach?** Would you or a member of your family be interested in coaching or being an assistant coach? If so, please indicate below. **(WE REALLY NEED HELP!)**

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

Age Group/Team you would like to coach: \_\_\_\_\_

# Waiver of Liability, Assumption of Risk and Hold Harmless Indemnification Agreement

## Waiver of Liability

In consideration of the acceptance of my application for participation in the Wallace County Recreation, hereinafter "the Recreation," I hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which I may have, or which hereafter accrue to me, against Wallace County, hereinafter "the County," as a result of my participation. This waiver is intended to discharge the County, its officers, officials, employees, equipment providers, and volunteers from and against any and all liability arising out of, or connected in any way with, my participation in the Recreation, even though that liability may arise out of the negligence or carelessness of persons or entities mentioned above.

## Assumption of Risk

I further understand that participation in the Recreation is physically demanding and may give rise to accidents and injuries, including but not limited to cuts, bruises, strains, sprains, broken bones, concussions, heat illness, exhaustion, heart attack, paralysis and death. Knowing the risks associated with participation in the Recreation, I nevertheless agree to assume these risks.

## Hold Harmless and Indemnification

I further hold harmless and indemnify the County, its officials, employees, equipment providers and volunteers who might otherwise be liable to me, or my heirs or assigns, for injuries or damages. It is further understood and agreed that this waiver, assumption of risk and hold harmless agreement is to be binding on my heirs and assigns.

## Acknowledgement

By signing below, I acknowledge I have read this agreement and understand that I am giving up substantial rights including my right to sue. And I further acknowledge that I voluntarily consent and agree to all the provisions in this agreement.

## **FOR MINORS (UNDER 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent or legal guardian, have legal responsibility for the below participant. I have read and understand the significance of this WAIVER OF LIABILITY, ASSUMPTION OF RISK AND HOLD HARMLESS INDEMNIFICATION AGREEMENT.

## **PHOTO RELEASE**

I DO \_\_\_\_\_ DO NOT \_\_\_\_\_ give permission to Wallace County Recreation Department to use photographs and video taken of the above listed minor during the games and events associated with the Wallace County Recreation Department in any manner to help promote the department's activities.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian's Printed Name