

2012

# Baseball & Softball Information

## BASEBALL (*Please Circle League*)

Child's age as of **April 30, 2012**

T-Ball	5-6
Pinto	7-8
Mustang	9-10
Bronco	11-12
Pony	13-14
Colt	15-17

## SLOW PITCH SOFTBALL

10-12  
13-16

### FEES-ALL AGES

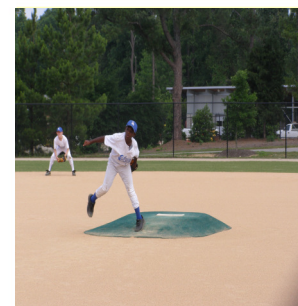
Raleigh Residents	\$30
Non-Resident	\$42

Payment must be made by Credit Card, Check, or Money Order payable to the City of Raleigh. — No refunds will be given after player placement.

Games will be played at community centers within your athletic district.



Athletics 6539  
Raleigh Parks & Recreation  
P. O. BOX 590  
Raleigh, NC 27690-0250



# 2012 Youth Baseball and Softball Registration February 13 - 24

Athletics Division  
2401 Wade Avenue  
Raleigh, NC 27607  
Phone: 919-831-6836  
parks.raleighnc.gov/athletics

Please register in person at any City of Raleigh Community Center.

# City of Raleigh Parks and Recreation

## Youth Spring Baseball & Softball Registration 2012



**\*\* All returning players must register annually \*\***

The Youth Athletics Program provides to all youth ages 5-18 the opportunity to participate in quality organized athletics through leagues, special events, camps and clinics. We strive to teach fundamental skills and rules, teamwork and sportsmanship in a fun atmosphere with the leadership of well-trained volunteers and staff.

Player's Name: \_\_\_\_\_ Sex: M or F Date of Birth: \_\_\_/\_\_\_/\_\_\_ (Child's age as of **April 30, 2012**)\*\* A copy of Birth Certificate must be provided \*\*

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone : \_\_\_\_\_ Work Phone: \_\_\_\_\_

Check here if returning to same age group Previous Team: \_\_\_\_\_

T-Shirt Size: YS YM YL YXL AS AM AL AXL

Non-Parent Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

\*\*We are unable to accommodate any "play-up" or special requests.\*\*

List any Medical Problems or Special Needs: \_\_\_\_\_

The Raleigh Parks & Recreation Department welcomes the participation of all individuals in our programs, including those with disabilities. We are fully committed to complying with the ADA and providing reasonable accommodations to facilitate participation in our programs. The sooner we know about your special situation the more time we have to make reasonable accommodations to improve a participants experience with us.  
**Special Medical Circumstances:** (i.e. cancer, physical disabilities, blindness, deafness or diabetes.) The City of Raleigh recommends that parents or guardians consult the participant's pediatrician or health care professionals to assess the participant's fitness to take part in our program. It is required that parents or guardians provide in writing additional instructions to the participant. The written instruction should be developed with the assistance of the participant's pediatrician or health care professional. This information should include the specific medical circumstance and requirement needs for the camper.

I hereby pledge to provide positive support and care for my child participating in youth sports by encouraging and demonstrating good sportsmanship for all players, coaches, and officials at every game, practice and youth sports events. I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.

**Photography Waiver:** Pictures may be taken of my child while participating in City activities and may be used for program publicity. If you do not concur please contact the Parks and Recreation Department.

**Non-Discrimination Policy:** The City of Raleigh Parks and Recreation Department does not discriminate on the basis of race, color, natural origin, sex, sexual orientation or disability in employment opportunities or the provision of services, programs, or activities. A participant alleging discrimination on the basis of any of the afore-mentioned areas may file a complaint with either the Director of the Raleigh parks and recreation Department or the Office of Equal Opportunity, US Department of the Interior, Washington, DC 20240.

**Release and Indemnity Agreement:** I understand that participating in the recreational program selected involves risk of injury. These risks include inclement weather, accidents while traveling, equipment problems or failures, contacts with actions of other participants, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected programs desire the risks. By signing the basketball registration form, I acknowledge all risks of injury, illness and death and affirm that I have assumed all responsibility of injury, illness or death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures for the program and to follow reasonable instructions of the teachers and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors and administrators to release, waive and discharge any legal rights I may have to seek payment or relief of any kind from the City, its employees or its agents for injury, illness or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may request on behalf of the child participation in the program. I also agree not to sue the City, its employees or its agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness or death to me or my child resulting from participation in the program.

**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_ DATE \_\_\_\_\_

**VOLUNTEER COACHES** - Volunteer coaches work with teams under the direction of the Raleigh Parks and Recreation Department. Coaches are certified through the American Sports Education Program.

**Would you or your spouse be interested in coaching?**

YES \_\_\_ NO \_\_\_ Head Coach \_\_\_ Assistant Coach \_\_\_

**For Office Use Only:**

League Age \_\_\_\_\_

Receipt #: \_\_\_\_\_

Verified By: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Team: \_\_\_\_\_

Registered @ \_\_\_\_\_

League: \_\_\_\_\_