

# Plaquemines Parish Recreation

## 2020 TEE BALL, SOFTBALL & BASEBALL REGISTRATION



**March 1<sup>st</sup> thru April 1<sup>st</sup>**  
**AGES 5 - 14**  
**Residents - \$25.00**  
**Non Residents Welcome - \$75.00**  
Late Registration Fee – Additional \$10.00



Please Print

CHILD'S NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_

\_\_\_\_\_

BOYS AGE BY (**APRIL 30<sup>TH</sup> 2020**) \_\_\_\_\_ GIRLS AGE BY (**DECEMBER 31<sup>ST</sup>, 2019**) \_\_\_\_\_

\_\_\_\_\_

Male  Female Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Age Group: Tee Ball  True 6  7/8  9/10  11/12  13/14

Parent/Guardian: \_\_\_\_\_ Contact: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Contact: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

A COPY OF THE CHILD'S BIRTH CERTIFICATE MUST BE SUBMITTED BEFORE YOU CHILD IS PERMITTED TO PARTICIPATE IN A REGULATION GAME

### ASSUMPTION AND ACKNOWLEDGE OF RISKS AND RELEASE OF LIABILITY AGREEMENT

In consideration of being allowed to participate in Plaquemines Parish Government's (PPG) recreational activities, the undersigned hereby, acknowledges, appreciates, and agrees to the following:

1. The risks of injury from the activities involved in this program are significant including but not limited to **serious personal injury, permanent paralysis and even death**; and while particular rules, equipment and personal discipline may reduce the risks. The risks of serious injury does exist. **I knowingly and freely assume all such risks, both known and unknown**, even if arising from the negligence of PPG or others and assume full responsibility for any participation in PPG recreational activities.
2. I willingly agree to comply with the stated and customary terms and conditions for participation, and any direction from PPG staff, coaches or activity officials. If I observe any unusual significant hazard during my presence or participation, I will bring such to the attention of PPG or its nearest representative or official immediately.
3. **I agree** for myself, my child, my administrators, personal defender, executors predecessors, successors, agents, heirs and assigns to hereby release, indemnify and hold harmless PPG, its officers, officials, agent and/or employees, other participants, and if applicable, owners and lessors of premises used to conduct the event ("Indemnitees"), from any present or future claim for physical or emotional injury property damage or death arising directly or indirectly from my or my child's participation in any PPG recreational activities, to the fullest extent permitted under law, including

allegations or claims of negligence on the part of PPG or any of its affiliated Parties; provided, however, this Agreement does not apply to actions of gross negligence, willful or wanton conduct, or intentional conduct by PPG or its Affiliated Parties.

I HAVE READ THIS RELEASE OF LIABILITY, HOLD HARMLESS, AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, SIGN IT FREELY AND VOLUNTARILY WITHOUT DURESS AND INDUCEMENT, AND AGREE TO ALL ITS TERMS AND CONDITIONS. FURTHERMORE, I HEREBY CERTIFY THAT I AM THE PARENT/GUARDIAN WITH LEGAL USTODY OF THE MINOR CHILD, \_\_\_\_\_ AND CONSENT TO HIS/HER PARTICIPATION IN ALL 2020 PPG BASEBALL RECREATIONAL ACTIVITIES.

**Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE:**

**ID #:** \_\_\_\_\_ **CHECK #:** \_\_\_\_\_ **MONEY ORDER #:** \_\_\_\_\_  
**AMOUNT:** \_\_\_\_\_ **RECEIVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## 2020 BASEBALL LEAGUE

### MEDICAL HISTORY FORM

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

Address: \_\_\_\_\_  
CITY STATE ZIP

Home#: \_\_\_\_\_ Cellular #: \_\_\_\_\_

\*Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

(Other than Parent)

Relationship to Child: \_\_\_\_\_

Child or Children's Name	Any Medical Conditions	List ALL Medications (including over counter)

I hereby certify that the above information is true, accurate and complete to the best of my knowledge, and that falsification of the information requested is grounds for discipline up to and including suspension or termination from team.

\*\*\*\*\*

## MEDIA RELEASE

I hereby grant Plaquemines Parish Government Recreation permission to take photos of myself or my child for publication on the Parish Website.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

# Photo Release

By signing this agreement, you hereby give permission for your child's name and contact information to be released to the designated Photographer for Team Pictures.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date