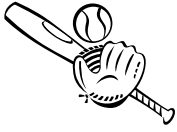


# Inverness T-Ball



Co-Ed teams are open to boys and girls ages 4–6  
All Players must be 4 years of age by May 1, 2010  
Weather permitting, practices will begin in mid April  
All practices are held at South Park  
Games are played at South Park on Saturday mornings in May & June  
Resident Fee: \$74.00 Non-Resident Fee: \$83.00



## 2010 T-Ball Registration Form

Print Participant's Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Male/Female: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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

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

Check here if you are interested:  Coaching  Sponsor

If you would like to be placed with other participants please list: \_\_\_\_\_

\_\_\_\_\_

We will attempt, but cannot guarantee to meet your request.

Did player participate in this league last season?:  Yes  No

**→ A \$20 withdrawal fee will be imposed after practices begin. No refunds issued after May 1, 2010. ←**

All participants should consult a doctor to determine their health status.

### WAIVER & RELEASE OF ALL CLAIMS

PLEASE READ THIS FORM CAREFULLY AND BE AWARE THAT IN SIGNING UP AND PARTICIPATING YOU WILL BE  
WAIVING AND RELEASING ALL CLAIMS FOR INJURIES YOU MIGHT SUSTAIN OUT OF THIS PROGRAM.

"As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including damages or loss which I may sustain as a result of participating in any and all activities connected with such program. I agree to waive and relinquish all claims that I may have as a result of my (or my child's) participation in the program. I further agree to indemnify and hold harmless and defend the park district and its officers, agents, servants and employees from any and all claims resulting from injuries, including damage and losses sustained by me (or my child's) immediate care and agree that I will be responsible for payment of any and all medical services rendered." I HAVE READ AND FULLY UNDERSTAND THE ABOVE PROGRAM DETAILS AND WAIVER & RELEASE OF ALL CLAIMS. Parent or Guardian signature required for those under 18.

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_