



CITY OF FRANKFORT
FALL SOFTBALL



CONTRACT

Residents of Frankfort/Franklin County are eligible to participate in sports' programs according to their prospective ages.

To be eligible to participate in this program, players must have reached their 9th birthday by August 1, 2010 and must not have reached their 12th birthday by August 1, 2010.

AGE AS OF AUGUST 1, 2010

REGISTRATION FEES**

Please check one

<input type="checkbox"/> 9 Year Olds	\$55.00
<input type="checkbox"/> 10 Year Olds	\$55.00
<input type="checkbox"/> 11 Year Olds	\$55.00

**Registration fees will be due at sign-ups. These fees include a uniform, secondary insurance and costs to run the program. Please make checks payable to "CITY OF FRANKFORT".

Player Information

Name: _____
Age: _____ Date of Birth: _____
Address: _____

Parent/Guardian Information

E-mail address: _____
Father: _____ Address: _____ (if different from player)
Telephone: Home _____ Work/Cell _____
Mother: _____ Address: _____ (if different from player)
Telephone: Home _____ Work/Cell _____
Guardian: _____ Address: _____
(if player does not reside with parents)
Telephone: Home _____ Work/Cell _____

Having been informed representatives of the Frankfort Parks and Recreation Department's Baseball and Softball Program that it will provide a supervised Baseball and Softball Program for my/our children, I/we, the parents or guardians of the above-named player, do hereby give my/our approval for him/her to participate in the Baseball and/or Softball Program and subject himself/herself to the risks and hazards incidental to the conduct of the activities, as well as transportation to and from activities. I/we do further hereby release, absolve, indemnify and hold harmless the City of Frankfort Board of Park Commissioners, the Frankfort Parks and Recreation Department, the City of Frankfort, their employees, agents and sponsors from any and all claims for liability, costs, damages or injury that may arise from my/our child's participation in the Baseball and/or Softball Program.

In case of injury to my/our child, when I/we are not present, I hereby authorize a representative of the Frankfort Parks and Recreation Department, including but not limited to league officials, department employees and/or coaches to use his/her judgment in obtaining **IMMEDIATE MEDICAL CARE** for my/our child, and hereby waive any and all claims against said persons in determining whether immediate medical care is necessary.

Parent/Guardian Signature: _____ Date: _____