



CITY OF FRANKFORT
FALL BASEBALL
CONTRACT

2010

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 May 1, 2010 and must not have reached their 12th birthday by May 1, 2010.

AGE AS OF MAY 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

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 by the organization of the Frankfort Parks and Recreation Department's Baseball and Softball Program, to provide supervised sports for children, I/we, the parents or guardians of the above-named candidate, do hereby give my/our approval of his/her risks and hazards incidental to the conduct of the activities, transportation to and from activities, and I/we do further hereby release, absolve, indemnify and hold harmless the Board of Park Commissioners, the Frankfort Parks and Recreation Department, the City of Frankfort, the organizers, the sponsors and supervisors any or all of them.

In case of injury to my/our child, I/we hereby waive all claims against the organizers, the sponsors or any of the supervisors appointed by them, and I hereby authorize a representative of the Frankfort Parks and Recreation Department (league, department employee, coach, etc.) to use his/her judgment in obtaining **IMMEDIATE MEDICAL CARE**. I/we likewise release from responsibility, any person transporting my/our child to or from activities.

Parent/Guardian Signature: _____ Date: _____