



Holton Ball Association 2019 Softball Registration Form

REGISTRATION INFORMATION

Form Due: Tuesday, March 26th
Registration Fee: \$30.00 per person

Organizational Meeting & Girls Draft

Holton Parks and Rec
Building

Thursday, March 28th
@ 6:00p.m.

REGISTRATION FORM

Player Name: _____ Date of Birth: _____

Parent/Guardian: _____

Address: _____ Grade: _____ Age: _____

Phone Number: (home/cell) _____ (work) _____

Email: _____

North Jackson County League

Circleville - Holton - Horton - Netawaka - Soldier - Whiting

Division (circle one) Birthdate on or before May 20.

- * 3rd/4th grade Division * 5th/6th grade Division
- * 7th/8th grade Division * High School Division

All requests to play up a division will be reviewed by coach involved and ball association board & a waiver must be signed.

LATE FEE

\$70.00

(\$30 registration +
\$40 late fee = \$70)

Late applicants will be
assigned to a team.

Shirt Size (circle one)

Youth: XS (4-5) S (6-8) M (10-12) L (14-16)

Adult Size: S M L XL XXL

No requests for teams/coaches is permitted. Concerns with this policy will be discussed at board meeting.

Remit form, fee, medical consent (on back), and waiver to the Holton Ball Association:

Dianna Wilson
919 New Jersey Ave.
Holton, KS 66436

or

Parks and Rec Building Drop Box
211 W 5th St.
Holton, KS 66436

Call 785-364-9000 for more information.

Find us on Facebook at Holton Ball Association.

Coaching:

The success of our program is dependent upon volunteer coaches. Would you like to volunteer?

___ Coach or ___ Asst. Coach Contact Name and # _____

Sponsorship:

Do you know any business/individual interested in sponsoring a team?

Please provide name and phone # _____

Sponsors must register through the Holton Ball Association.

CONSENT OF PARENT MEDICAL CARE AND TREATMENT FORM

Participants Name _____

Date of Birth _____

Parent or Guardian _____

Phone Number (H) _____ (W) _____ (E) _____

Address _____

Name and Address of Family Doctor _____

Health Insurance Company _____

Policy Number _____

If you or your doctor cannot be contacted in an emergency notify _____

MEDICAL INFORMATION

Drug Allergies _____ Date of Last Tetanus _____

Other _____

If you have questions or concerns, you may contact a board member. Please be courteous and contact them after their work hours at home. Jeremiah Huyett, President; Justin Fluke, Vice President (boys); Jeremy Ingels, Vice President (girls); Dianna Wilson, Treasurer; Jeremy Ingles, Secretary; Mike Reichle, Parks and Rec Director

**Return Forms To
Holton Parks and Recreation Dropbox
211 W 5th St., Holton KS, 66436
8:00 am – 5:00 pm**

City of Holton Parks and Recreation

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

Participant Name: _____

READ BEFORE SIGNING

In consideration of being allowed to participate in sports activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence **The City of Holton** and **The Holton Ball Association** and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees", on behalf of myself and my children, parents, heirs assigns, personal representative and estate, and also agree as follows: athletic sports programs, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1 I acknowledge that participating in sports activities involves known and unanticipated risks, which could result in physical or emotional injury, paralysis, or permanent disability, death, and property damage.
- 2 My child's participation in this activity is purely voluntary and I elect for him/her to participate despite the risks. In addition, if at any time I believe the event conditions are unsafe or that my child unable to participate due to physical or medical conditions, then I will immediately discontinue his/her participation.
- 3 I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my child's participation in this activity, or his/her use of the equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 4 I represent that I have adequate insurance to cover any injury or damage my child may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself.
- 5 In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
- 6 I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if my child is hurt or my property is damaged during participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim of negligence.

I have read and understood this document and agree to be bound by its terms.

(Parent/Guardian Signature)

DATE

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Verification and Notarization

STATE OF KANSAS, COUNTY OF JACKSON, I _____, (Parent or Guardian) of _____ understand that if a serious illness or injury develops, medical and/or hospital care will be given: however the Holton Ball Association and City of Holton are not responsible in case of accidental injury or illness. I further understand that, in case of medical emergency, we will be notified. In the event I cannot be reached, I hereby give permission to a designated member of the Holton Ball Association or City of Holton Parks and Recreation Program, or attending physician to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child as named on this Health Certificate and do solemnly swear or affirm that the information set forth in the Health Certificate is true and correct to the best of my knowledge and belief.

Parent/Guardian signature _____

Subscribed and sworn to me this _____ day of _____ 20 _____

Notary Public _____ My commission expires _____

_____ My commission expires _____