



# ROOKIES BASEBALL

## MACHINE PITCH

# CITY OF DELTA RECREATION REGISTRATION | 2019

**DEADLINE: APRIL 7<sup>th</sup>, 2019 - \$15 LATE FEE**

### PARTICIPANT INFORMATION

Player 1: \_\_\_\_\_ MALE OR FEMALE  
 Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 T-Shirt Size: YS YM YL AS AM AL AXL DOB: \_\_\_\_\_  
 Medical Notes/Allergies: \_\_\_\_\_  
 Player 2: \_\_\_\_\_ MALE OR FEMALE  
 T-Shirt Size: YS YM YL AS AM AL AXL DOB: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Guardian 1: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Guardian 2: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ PHONE: \_\_\_\_\_

### COACHING INFORMATION

Please circle below if you are willing to help:

Coach: YES NO MAYBE  
 Asst Coach: YES NO MAYBE  
 Official: YES NO MAYBE

NAME: \_\_\_\_\_  
 PHONE: \_\_\_\_\_

### SPONSOR INFORMATION

Are you interested in sponsoring a team?

Business: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone: \_\_\_\_\_

CHECK	DIVISION	DAY	TIME	ACTIVITY #	FEE
	AGES 7 & 8 <u>AGE AS OF AUG. 31, 2019</u>	Practices - late April / Games - late May-M&F	TBD	101600 - P	\$40
	Sponsor	Shirt Color: _____		101600 - P1	\$150 / \$250

I, the below signed as an adult ( or parent of), do hereby release the City of Delta, it's officers, agents, or employees from liability for any injuries or damages which may result to myself (my child) as a result of the Participation in the City of Delta Recreation Program. The applicant agrees to save and hold harmless the City of Delta, it's officers, agents, or employees for any damages or personal injury which may result from activities occurring on the property of the City of Delta which is used in conjunction with the Delta Recreation Program. Further the participant understands that parent or guardian participation is a requirement of this recreation program and that all of the coaches are volunteers. Pursuant to section 15-14-104, C.R.S., I delegate to DCYSA by its designated representatives the power to consent to and contract for emergency medical or dental treatment for my child on my behalf. This power of attorney shall not be affected by my disability.

I also release the rights of any pictures or videos taken of my child and team in conjunction with this program to the City of Delta. I fully acknowledge and accept the rights of the City of Delta to use such materials as pictures and videos in platforms such as, but no limited to, the City of Delta's social media accounts, website, and local newspaper ads/stories.

PARENT/GAURDIAN SIGNATURE: X \_\_\_\_\_ DATE: \_\_\_\_\_