

**HENDRIX PARK YOUTH RECREATION ASSOCIATION**  
**2006 BASEBALL/SOFTBALL REGISTRATION FORM**

CHILD'S NAME: \_\_\_\_\_

911 ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_/\_\_\_/\_\_\_ PARENTS: \_\_\_\_\_

NAMES OF ANY OTHER CHILDREN IN FAMILY PARTICIPATING AT H.P.Y.R.A.

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

Hendrix Park will conform to the Coastal Athletic Association rules in any situation applicable except those specifically established by Hendrix Park By-laws of Park Rules. Coaches will be responsible for the collection of fees, equipment and uniforms. **REGISTRATION FEES must be paid IN FULL** at the time of Registration or child will not be allowed to practice until fees are paid.

Failure to return park items will result in an obligation to you, parent and/or coach to reimburse H.P.Y.R.A. for the full cost of those item(s). Also, it is not the responsibility of H.P.Y.R.A. or the team coach to provide transportation to or from practice or games.

**NOTE: TO REPRESENT HENDRIX PARK IN ANY GEORGIA RECREATION AND PARK ASSOCIATION SPONSORED ALL STAR EVENT A CHILD MUST LIVE IN BRYAN COUNTY OR ATTEND THE BRYAN COUNTY SCHOOL SYSTEM.**

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BASEBALL/SOFTBALL: \$ 50.00 FIRST, \$40.00 SECOND, \$ 30.00 THIRD CHILD  
T-BALL: \$ 35.00 EACH CHILD

**NOTE: FEES WILL NOT BE REFUNDED IF A CHILD PARTICIPATES IN PRACTICES OR IF EQUIPMENT/UNIFORMS HAVE BEEN ORDERED. THERE WILL BE \$30.00 FEE FOR RETURNED CHECKS.**  
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Preferred Coach: _____ (See Explanation Below)
1. If the league has four or more teams the teams will be drafted by the Coaches and the Hendrix Park Youth Association Board.
2. If the league has three or fewer teams the coaches will be allowed to pick their teams.
3. We will try to limit teams to 12 players. Coaches will pick 12. The HPYRA Board can add up to three players on any team. After 15 players per team a waiting list will be established.

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I have read and understand the above registration form and agree to the terms and conditions contained herein.

\_\_\_\_\_ Parent/Guardian

Date: \_\_\_\_\_

# RELEASE FORM/CONSENT FORM

Whereas, the undersigned is the parent or legal guardian of \_\_\_\_\_, minor child, who desires to participate in sports through Hendrix Park Youth Recreation Association, Inc. ( hereinafter referred to as H.P.Y.R.A. ) including but not limited to the Hendrix Park and Pembroke fields and other facilities, and the undersigned being appraised that in order to use said facilities, the H.P.Y.R.A. hereby gives notice that it does not carry any insurance to cover injury of its players. Injuries which may occur as a result of the use of the said facilities and the undersigned, after being fully appraised of the fact, will not hold the H.P.Y.R.A. responsible for injuries suffered while participating in sports with the H.P.Y.R.A. and agrees as follows:

All recreational facilities used by the H.P.Y.R.A. that shall be used by the undersigned and undersigned's above mentioned child will be used at the undersigned's and his/her child's SOLE RISK. The H.P.Y.R.A., it directors, coaches, agents, servants, etc. shall not be held liable for any claims, demands, injuries, damages, actions or causes of action whatsoever to person or property arising out of or connected with the use by the undersigned or his/her child of any of the services or facilities of the recreation areas used by the H.P.Y.R.A. or the premises where to same are located including those arising from acts of passive or active employees, etc. The undersigned does hereby expressly forever release and discharge the H.P.Y.R.A. from all such claims, demands, injuries, damages and action occurring to the undersigned or his/her child.

I have read the above and understand that it is a legal document releasing H.P.Y.R.A. from any claims for any type of damage which may hereinafter occur as a result of the use of the facilities used by the H.P.Y.R.A.

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

Parent/Legal Guardian

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FAMILY DOCTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

POLICY #: \_\_\_\_\_ GROUP # \_\_\_\_\_ HOSPITAL: \_\_\_\_\_

MEDICATION/ALLERGIES/MEDICAL CONDITIONS/COMMENTS: \_\_\_\_\_  
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