

EJRT Softball

Applications are now being accepted for the 2017 Season

Season runs March 31st - July for ages 4-14

Leagues will be formed by players age as of January 1st, 2017

Player fees are:

\$45 for ages 4 year old T-ball (4 yr olds must play 4 yr T-ball and may not play up to 6U)

Player fees are \$65 for ages 6U T-ball

Player fees are \$75 for 8U Coach Pitch, 10U and 12U

Player fees are \$85 for 14U

**DUE February 11th, 2017 (T-ball due March 8th) with copy of Birth Certificate
after this date players will be accepted as space is available.**

ALL PLAYER & TEAM FEES MUST BE PAID BY MONEY ORDER

Mandatory coaches meeting February 11th, 2017 - 4 P.M.

Registration Form

Name: _____ Current Age: _____

Address: _____ Home Phone: _____ Cell Phone: _____

City: _____ Zip _____ Date of Birth (mmddyy): ____/____/____ Age as of Jan.1st, 2017 _____

School District residing in: _____ School Attending: _____

EJRT Team played on last year: _____ Coach: _____ Age Group: _____

Parent's Name(s): _____

E-mail Address: _____

Emergency Contact: _____ Phone: (_____) _____

I am willing to serve as: _____ Coach _____ Assistant Coach for my child's team.

**Mail this form, correct player fee (signed and dated money order), NO CHECKS - (please make money orders payable to EJRT Baseball) and signed Consent for Participation/Treatment (back page) to:
EJRT, PMB #332, 610 S. Cleveland, Enid, OK 73703**

Registration forms received without correct player fee included will be returned to sender. Player will not be considered registered without correct player fee and signed Consent for Participation and Treatment (over).

Scholarships are available on an "as needed" basis. Scholarships forms, additional information and player registrations may be downloaded from our website: www.enidbaseball.org

CONSENT FOR PARTICIPATION AND TREATMENT

I, the undersigned, state that I am the parent or guardian of _____ and agree that my child may play baseball in the program conducted by the Enid Joint Recreation Triad and agree that my child and I will be subject to and abide by the rules and regulations established by EJRT.

The risk of injury from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist and, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume all full responsibility for my child's participation; and, I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove my child from participation and bring such to the attention of the nearest official immediately; and I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE ENID JOINT RECREATION TRIAD, there officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I agree to never forget that this is a program to teach young children the basics and rules of team sports, and that all participants need my support and encouragement.

I agree to never criticize publicly the officiating of any game or an individual official, player or coach.

I agree to abide by the rules and procedures established for the program by EJRT.

I will submit any complaints or suggestions to EJRT in writing, and will accept their decisions as final.

As the Parent or guardian of _____, a MINOR, I herewith authorize treatment by a qualified and licensed medical doctor in the event of a medical emergency which; in the opinion of the attending physician may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me.

Parent or Guardian Name	Secondary Emergency Contact
Primary Physician	Secondary Emergency Contact Phone Number
Primary Medical Insurance	Secondary Emergency Contact Relationship
Specified Conditions which treatment staff should know:	



Signature of parent or guardian _____ I have read and understand this release _____ Date _____
