

PARTICIPATION IN OUR BASEBALL FUNDRAISER IS MANDATORY FOR ALL PARTICIPANTS AT EVERY LEVEL. OUR FUNDRAISER WILL CONSIST OF A RAFFLE FOR THE 2010 SEASON. EACH PARTICIPANT WILL BE REQUIRED TO SELL \$60 WORTH OF RAFFLE TICKETS AND RETURN THE MONEY TO THEIR RESPECTIVE COACH. THE DRAWING FOR THE CASH PRIZES WILL TAKE PLACE DURING OUR OPENING DAY CEREMONIES ON APRIL 17, 2010.

ALL MONEY WILL BE DUE ON OR BEFORE APRIL 17th (OPENING DAY). IF THE MONEY IS NOT RECEIVED BY THE ABOVE DATE, YOUR SON WILL BE INELIGIBLE TO PLAY UNTIL IT IS RECEIVED.

BY SIGNING BELOW, YOU AGREE TO PARTICIPATE IN OUR FUNDRAISER. THANK YOU FOR YOUR SUPPORT OF THE ADDISON REC CLUB

ALL NSF CHECKS
WILL BE CHARGED
A FEE OF \$5.

Email: _____

ADDISON RECREATION CLUB

2010 REGISTRATION

Boy's Name: _____ Address: _____ City: _____

League Age: _____ Date of Birth: _____ Phone Number: _____ E-Mail: _____

Grade: _____ Last Year's Team and Level: _____

Will your son be participating in another team sport (swimming, hockey, soccer) that coincides with the Addison Rec Clubs Baseball season: Yes: _____ No: _____

Will your family vacation coincide with the Addison Rec Clubs Baseball season: Yes: _____ No: _____

The baseball season is April 17 - July 1.

I AGREE TO PARTICIPATE IN THE FUNDRAISER: _____

NO MEDICAL COVERAGE

I/We the parent(s) of the above-named boy, hereby give my/our approval to his participation in any and all of the activities of the Addison Recreation Club during the current season. I/We assume all risks incidental to the conduct of the activities and transportation to and from the activities. I/We do further hereby release, absolve from indemnity and hold blameless the Addison Recreation Club, the organizers, the sponsors and the supervisors, any or all of them, in case of injury to my/our son. I/We hereby waive all claim against the organizers, the sponsors, or any supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our son to or from the activities. I/We will furnish a birth certificate for the above-named candidate upon request of the Addison Recreation Club.

I/We the parents of the above-named boy, in case of emergency and/or injury in my/our absence, hereby authorize any hospital and/or attending physician to give any emergency medical attention or treatment deemed necessary.

I/We further hereby release, absolve, from indemnity and hold blameless any hospital and/or physician treating the above-named boy in my/our absence.

Family Physician: _____

Reg. Fee _____

Phone Number: _____

TOTAL _____

Fathers Signature: _____

Check No. _____

Mothers Signature: _____

Cash

Please list any known allergies or other important medical information that would assist a doctor in an emergency.