



# YOUTH SPRING BASEBALL

Resident Registration 01/22/2019 (\$51)    Non-Resident Registration 02/04/2019 (\$66)

|   |  |  |   |
|---|--|--|---|
| <b>League Signing up for</b><br>(select one)  | <input type="checkbox"/> <b>7197 (7-8) Instructional</b> <input type="checkbox"/> <b>7187 (9-10) Farm</b> <input type="checkbox"/> <b>7185 (11-12) Major</b> <input type="checkbox"/> <b>7186 (13-15) Junior</b> |  |   |
| <b>Participant's First Name</b>   | <b>Last Name</b>   |  |   |
| <b>Gender</b>   | <input type="checkbox"/> <b>Male</b> <input type="checkbox"/> <b>Female</b>  | <b>Date of Birth</b>                         | <b>Age as of 6/30/2019:</b>   |
| <b>Address</b>  |  |  |   |
| <b>City</b>   | <b>Zip Code</b>  |  |   |
| <b>Primary Parent/Guardian Name</b>   | <b>Date of Birth</b>   |  | / /   |
| <b>Primary Phone</b>  | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell  |  |   |
| <b>Primary Email</b>  |  |  |   |
| <b>Parent/Guardian 2 Name</b>   | <b>Date of Birth</b>   |  | / /   |
| <b>Parent/Guardian 2 Phone</b>  | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell  |  |   |
| <b>Parent/Guardian 2 Email</b>  |  |  |   |
| I would like Apex Parks, Recreation and Cultural Resources to know about the following information regarding this participant:<br><b>Medical Conditions</b> <input type="checkbox"/> <b>Allergies</b> <input type="checkbox"/> <b>Special Needs</b> <input type="checkbox"/> <b>None/Not applicable</b> <input type="checkbox"/>  |  |  |   |
| If yes to any of the above, please describe in detail:  |  |  |   |
| Does the participant need an accommodation(s) to participate? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>  |  |  |   |
| If yes, someone from inclusion services will follow-up with you regarding your request. The Apex Parks, Recreation and Cultural Resources welcome the participation of individuals of all abilities. In compliance with the ADA, we will provide reasonable accommodations to facilitate participation in our program. To ensure that reasonable accommodations are in place, accommodation requests should be received at least two weeks prior to the start date of the program. For more information, please contact Allie Prelaske at 919-249-3507.   |  |  |   |
| Is there a sibling in the <u>SAME</u> Baseball age group this year? (If yes, provide name and age)  |  |  |   |
| Did this participant play Baseball with APRCR last <b>Spring 2018</b> ? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>  |  |  |   |
| If <b>YES</b> above, do they wish to return to the same team (IF IN SAME AGE GROUP)? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Reason if <b>No</b> :   |  |  |   |
| Would you or someone you know be interested in coaching or assistant coaching? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>   |  |  |   |
| If <b>YES</b> , Provide Name/ Contact Info:   |  |  |   |
| <b>Photo/Video Policy</b><br>I hereby grant the Town of Apex permission to use my likeness without individual identifying information in a photograph or video in any and all of its publications, website, social media and video programming, without payment or any other consideration. I hereby irrevocably authorize the Town of Apex to edit, alter, copy, exhibit, publish or distribute all submitted photos, videos, or other artwork for purposes of publicizing the town's programs and facilities, or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph or video. I hereby hold harmless and release and forever discharge the Town of Apex from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf, or on behalf of my estate, have or may have by reason of this authorization.  |  |  |   |
| <b>Statement of Waiver</b><br>I, for myself or as parent or guardian, hereby assume all the risks and hazards incidental to the conduct of the activities. I release, absolve, and indemnify the Town of Apex, employees of the Town, volunteers, contractors and/or sponsors from all risks and hazards associated with the activities and in the event of injury, do expressly waive all claims against them. I understand that no insurance coverage is provided by the Town of Apex Parks, Recreation and Cultural Resources Department. I further give permission for proper emergency care to be rendered to myself or child should I not be available or able to give such permission. As part of this approval, I acknowledge I may have the opportunity to review the premises, equipment and personnel qualifications to be used in conducting the activity. I also have the opportunity to discuss with program organizers potential hazards and risks that may be associated with the activity and take responsibility for doing so. Failure to exercise this option indicates my approval and acceptance. I understand the Town of Apex does not provide transportation to or from activities scheduled by the Apex Parks, Recreation and Cultural Resources Department. |  |  |   |
| By signing below, you are agreeing to the Town of Apex's Statement of Waiver and acknowledging that you have read the Town of Apex's Photo/Video policy.<br>If you wish to opt out of the Photo/Video Policy, you must email <a href="mailto:peakconnect@apexnc.org">peakconnect@apexnc.org</a> including the participant's name and which program(s) they are registered for.  |  |  |   |
| <b>Signature of Parent/Guardian</b>   |  |  | <b>Date</b> / /   |
| <b>For Department Use Only</b>  |  |  |   |
| <b>DRAFT</b> <input type="checkbox"/> <b>New to league or age bracket</b><br><input type="checkbox"/> <b>Participant requests new team</b>  | <b>OR</b>  | <b>TEAM NAME</b>                             | <input type="checkbox"/> <b>Head Coach</b> <input type="checkbox"/> <b>Assistant Coach</b><br>(Include team name only if returning to last year's team) |
| <b>League Fee:</b>  | <input type="checkbox"/> \$ 51 Residents   | <input type="checkbox"/> \$ 66 Non-Residents | <input type="checkbox"/> \$0 Head Coach   |
| <b>Receipt #</b>  | <b>DATE PAID:</b> / /  | <b>Staff Initials</b>                        |   |
| <b>Waiting List #</b>   | <input type="checkbox"/> Resident / <input type="checkbox"/> Non-Resident  | <b>Staff Initials</b>                        |   |