

Please return completed registration AND athletic waiver forms along with payment made out to:

West El Paso Baseball
P.O. Box 60872 Colorado Springs, CO 80960-0864
719-648-5171

Player's Name: _____

Home Address: _____ Zip Code: _____

Parent's Name: _____ Cell Phone: _____

Email: _____

School Attending: _____ District #: _____

Would like to be on a team with: _____

Number of years of baseball experience: Pitcher: _____ Catcher: _____ Infield: _____ Outfield: _____

Experience level: Park & Rec: _____ AA: _____ AAA: _____ Competitive: _____

Did you play West El Paso Baseball last year? YES _____ NO _____

If NO, a copy of the birth certificate is required and must be submitted with registration.

Date of Birth: _____ Age on 4/30/12: _____

Use child's age as of April 30, 2012 to determine which division to register. Parents must sign a waiver if they would like their child to play up. Players cannot play down. No exceptions to the age requirement. Check the box for the age group your player will be in.

Registration Fee must be sent to league within 3 days of registering or player will not be officially registered. Registrations received after May 26th are subject to a \$20.00 late fee. Checks or money orders only.

Division	Ages	Fee <i>(includes Sky Sox Game Ticket)</i>	Fee after May 26th
<input type="checkbox"/> Midgets	6-8	\$110	\$130
<input type="checkbox"/> Rookies	9-10	\$135	\$155
<input type="checkbox"/> Majors	11-12	\$145	\$165
<input type="checkbox"/> Juniors	13-15	\$160	\$180

I would be willing to: COACH ASSISTANT COACH

Consent For Treatment

Name: _____ Home Phone: _____

Home Address: _____ City: _____ Zip Code: _____

Family Physician: _____ Phone: _____

List of Allergies/Illnesses: _____

Required Medication: _____

In case of an accident or illness, I hereby authorize a representative of West El Paso Baseball to use his/her judgment in obtaining immediate medical care. Parents will be notified in case of serious illness or injury as quickly as possible. I agree to be responsible for payment for any medical care which is needed.

Parent's Signature _____ Date _____

Parent Code of Conduct

All parents and guardians who have children participating in West El Paso Baseball program are required to conduct themselves in accordance to the Code of Conduct described below.

As a parent/guardian of a child participating in West El Paso Baseball program, I acknowledge the belief I will -

- Always keep in mind that first and foremost my child participates in this sport to have fun.
- Always do my individual best to bring a sense of civility and sportsmanship to my child's games.
- When referring to any of the players on our team, or to our opponents, that I will speak with the same respect that I know my own child deserves.
- Always keep in mind my child's coach & the administrators of this program volunteer their time to help my child.
- Always demonstrate to my child, and his/her teammates through my words and actions that winning does not equate to success in youth sports.
- Always conduct myself in accordance with the true spirit of "Good Sportsmanship":

To that end, I agree to the following:

- I/We agree to not argue with, publicly question, heckle, harass, belittle, antagonize or disrespect umpires or other League officials during any practice, game or other league function.
- I/We agree to not argue with, publicly question, heckle, harass, belittle, antagonize or disrespect any players or coaches during any practice, game or other league function by word of mouth, gesture or action.
- I/We agree to always display sportsmanship towards all players, coaches, umpires and other officials during any practice, game or other league function.
- I/We agree not to use abusive or profane language at any practice, game or other league function.
- I/We agree not to incite or participate in any unsportsmanlike conduct at any practice, game or other league function, including verbal abuse, physical assault or intimidation of any kind, including hitting, slapping, pushing, spitting, kicking or striking in any way with any part of the body.
- I/We agree to accept all decisions & calls of the umpires & game officials as being fair & made to the best of their ability.
- I/We understand that failure to comply with any part of this Code of Conduct may result in any combination of verbal or written warnings, removal of parent/guardian from the game or practice, or removal of parent/guardian for the season.

Amateur Athletic Minor Waiver & Release of Liability

In consideration of the minor participant being allowed to participate in West El Paso Baseball athletics/sports program, and related events and activities, the undersigned:

1. Agree that the parent(s) or legal guardian(s) may inspect the facilities and equipment to be used, and if the parent or guardian believes anything is unsafe, he or she should immediately advise his or her coach of such conditions(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities involve the risk of serious injury, including permanent disability and death, and the risk of severe social & economic losses which might result not only from own actions, in-actions, or negligence, but the action, inaction, or negligence of others, the rules of play, or the condition of the premises where play occurs or of any equipment used. Further, there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all foregoing risks & accept personal responsibility damages following such injury, permanent disability/death.
4. Release, waive, discharge, indemnify, hold harmless & covenant not to sue West El Paso Baseball, its affiliated clubs, their respective administrators, officers, directors, agents, coaches, and other employees, and if applicable, owners and lessors of premises used to conduct play, all of which are hereinafter referred to as "release(s)", in respect of any and all claims or demands incurred by the undersigned or the minor participant on account of injury including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the release(s) or by any other cause.
5. Agree that this agreement, waiver and release may not be modified orally, but only by writing subscribed by the President of West El Paso Baseball, INC

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Parent or Guardian (Signature/Relationship) Date: _____

Printed Name of Parent or Guardian _____

Players Name: _____

Age as of 4/30/12: _____ **Division:** _____ **Team:** _____