

Date Paid: _____ Rec. # _____ Amount Paid: _____ Cash/ Credit Card/ Money Order

(No Checks Will Be Accepted)

2019

HORN LAKE



BASEBALL LEAGUE

PARKS & RECREATION

AGES 3 - 16

Return completed form with Payment, Childs Birth Certificate and Proof of Residency to

Horn

Lake Parks & Rec located at, 5633 Tulane Rd, Horn Lake, MS. 38637

Phone: 662-342-3468 662-342-3469

Baseball Registration Fees:

\$75.00 Mississippi Residents /\$85.00 Non-Mississippi Residents- Until February 23rd

\$90.00 Mississippi Residents/\$100.00 Non- Mississippi Residents starting February 25th

Absolutely No Applications after March 1st 2019 and No Refunds after Drafted to a Team

Trophy only given to 1st and 2nd place. No participation trophies will be given out.

AGE _____ (on April 30th, 2019)

PLAYER NAME _____ BIRTHDATE _____
(FIRST) (MIDDLE) (LAST)

STREET ADDRESS _____ PLAYER: MALE OR FEMALE

CITY _____ STATE _____ ZIP CODE _____ Email _____

FATHER'S NAME _____ PHONE # _____ Cell # _____

MOTHER'S NAME _____ PHONE # _____ Cell # _____

Emergency Contact _____ Phone# _____ Relationship _____

PARENTS, PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY.

1. EVERY PLAYER REGISTERING FOR AN HLPR SPORTS PROGRAM WILL BE DRAFTED ONTO A TEAM THROUGH DRAFT SYSTEM. (SPECIAL REQUESTS, SUCH AS PLAYING FOR A CERTAIN COACH, ON A CERTAIN TEAM, OR WITH A CERTAIN TEAMMATE **WILL NOT BE CONSIDERED.**)

2. I, THE PARENT / GUARDIAN OF THE ABOVE NAMED CANDIDATE FOR A POSITION ON AN HLPR TEAM, HEREBY GIVE MY APPROVAL FOR THE CHILD TO PARTICIPATE IN ANY AND ALL PROGRAMS OR ACTIVITIES DURING THE SEASON. I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION, INCLUDING, BUT NOT LIMITED TO TRANSPORTATION TO AND FROM ACTIVITIES; AND I DO HEREBY INDIVIDUALLY, AND FOR AND ON BEHALF OF THE CHILD WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE CITY OF HORN LAKE ITS STAFF, EMPLOYEES, OFFICERS, ELECTED AND APPOINTED OFFICIALS, ORGANIZERS, SPONSORS, SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING MY CHILD TO OR FROM ACTIVITIES, FROM ANY CLAIM FOR PROPERTY DAMAGE, PERSONAL INJURY AND/OR DEATH ARISING OUT OF AN INJURY TO MY CHILD OR DAMAGE TO PROPERTY.

3. I, THE PARENT/GUARDIAN OF THE ABOVE NAMED PLAYER, UNDERSTAND THAT HE/SHE IS PARTICIPATING IN A TEAM SPORT AND THE PARTICIPATION POLICIES SET FORTH BY THE PARKS AND RECREATION DEPARTMENT APPLY TO THE RESISTRATION OF THE ABOVE NAMED PLAYER.

4. I, THE PARENT / GAURDIAN GIVE PERMISSION TO HLPR TO RELEASE TO MY CHILD'S COACH THE NECESSARY PERSONAL CONTACT INFORMATION.

5. HLPR carries secondary insurance on each player that registers in our league sport. In case player is injured during approved practices or games the Parent/ Guardian of injured player need to contact HLPR Office to get the secondary insurance information.

I HAVE READ, UNDERSTAND, AND AGREE WITH THE ABOVE STATEMENT 1 - 5

***PARENT SIGNATURE _____ DATE _____**

Would you like to Head Coach? _____ Assistant Coach? _____

******* NOTICE*******

To be eligible to participate in the BASEBALLI ALL- STAR SELECTION PROGRAM, child must be a resident of Horn Lake (address listed on the application) or live in the school district lines (Horn Lake, Walls, and Lake Cormorant Schools) Any questions please call Drew Coleman at 901-483-7838 concerning sanctioned areas.

Returning players from 2018 season (if you are not moving up in age group): TEAM: _____



**2016 Horn Lake
Parks & Recreation
Dizzy Dean
Baseball**

