

**CHIPPEWA RECREATION**  
**KNOTHOLE BASEBALL (Ages 4, 5, 6, & 7)**  
**SMURF SOFTBALL (Ages 5, 6, 7, & 8)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

School: Patterson \_\_\_\_\_ Northwestern \_\_\_\_\_ Other \_\_\_\_\_

Check One: Knothole \_\_\_\_\_ Smurf \_\_\_\_\_

Birth Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Shirt Size Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_

Please fill in the below information to your best knowledge. (If you do not know the throwing hand or batting stance of your child, please just check what hand your child primarily colors with)

Child colors with: \_\_\_\_\_ Right Hand \_\_\_\_\_ Left Hand

Child throws with: \_\_\_\_\_ Right Hand \_\_\_\_\_ Left Hand

Child's batting stance is: \_\_\_\_\_ Righty \_\_\_\_\_ Lefty

Is there anything that the coaches should know about your child? (Medical condition)

Make checks payable to Chippewa Recreation:

\$30 per player

\$25 per each additional player from same family

Circle One: 1st Year Player 2nd Year Player 3rd Year Player 4th Year Player

Would you like to sponsor a team? (\$200 per team)

**Summer Recreation Program**

**Acknowledgement, Waiver and Indemnity Agreement**

We the undersigned, being the parents of a student participating in the recreation program, do hereby acknowledge that we are aware of the fact that the Recreation Board requires that all students engaged in any form of community sponsored recreational sports program be protected by adequate insurance. Medical and personal injury coverage is to be provided by us and maintained so long as our child participates in the program. We also acknowledge that the recreation program provides no medical or personal injury insurance for the participant or the organization.

Being so aware and declaring that it is our intention to be legally bound by the execution of this instrument, the undersigned do hereby, for ourselves individually and in behalf of said minor child waive all claims for damages and medical expenses that may arise out of any injury to said minor child incurred while participating in any form of community sponsored recreational sports program; and the undersigned do hereby agree to assume full responsibility for all medical expenses that may be incurred or necessitated by reason of any such injury to the said minor.

Further, the undersigned do hereby agree to indemnify save harmless members of the Recreation Board or sponsors of teams from any claims for damages or expenses rising out of any injury to the said minor incurred while engaging in the aforementioned community recreational sports program; to defend all claims or suits threatened, instituted or pressed against the Board or team sponsors by reasons of said injuries; and to indemnify the said Recreation Board and team sponsors against any and all losses or damage, by reason of any said injuries to the said minor.

The said minor also joins in this release and agrees to all the above terms and provisions thereof

In witness whereof and intending to be legally bound hereby we set our hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

Signature of Witness

Signature of Parent or Guardian

\_\_\_\_\_

\_\_\_\_\_