



City of Gainesville
Parks, Recreation and Cultural Affairs
REGISTRATION FORM



Baseball for ALL 2015



Participant Name: _____ Sex*: _____ Race*: _____ Age: _____ DOB: ____/____/____

Address: _____ City: _____ Zip Code: _____

Parent/Guardian Name: _____ Home Phone #: _____

Cell Phone #: _____ Spouse Phone #: _____

Email Address: _____ Additional Phone #: _____

School Participant Attends: _____ Grade: _____

Additional Caregiver:

Name: _____ Phone #: _____

Relationship: _____ Additional #: _____

* Noah's Endeavor, Inc. www.noahsendeavor.org 352-275-9639 info@noahsendeavor.org willvoelker1@yahoo.com

PARTICIPATION AGREEMENT

I agree that this instrument is for registration and not for insurance coverage. I give my child permission to participate in all programs and activities conducted by the City of Gainesville Parks, Recreation and Cultural Affairs Dept. and Noah's Endeavor, Inc. I am fully aware of the risk inherent and hereby release the City of Gainesville; Noah's Endeavor, Inc.; any representatives, any officials, or volunteers from any and all liability, claims, including attorney's fees and costs, and injuries which may be sustained by me or my minor children on account of his/her participation in said programs or associated activities and events. It is understood that the City of Gainesville and Noah's Endeavor, Inc. reserve the right to dismiss any participant for just cause. I further agree to return any and all property issued to me, upon the expiration of this activity, or whenever I have ceased participating in this activity. I will attend the program or activity if the staff determines it necessary for the safety of my child, other participants, and/or staff. I give my permission for my child to be photographed and those photographs with his/her name to be used by the City of Gainesville and Noah's Endeavor, Inc. for publicity purposes.

Signature of Participant: _____ Date: _____

(If participant is under 18 years of age, a Parent's/Guardian's signature is required.)

Signature of Parent/Guardian: _____ Date: _____

T-Shirt/Jersey Size: Youth Sm Med Lg XL Adult Sm Med Lg XL XXL (if applicable)

OPTIONAL information on your participants' disabilities is requested to improve participation for ALL.

My participant is affected by the following disabilities (e.g. vision loss, hearing loss, intellectual/developmental, physical, and/or behavioral disabilities; autism, Down syndrome, cerebral palsy; health conditions, etc. . .

It is important for coaches and volunteers to know that . . . (Please provide information below/on reverse.)