



# The Municipality of Dysart et al

135 Maple Avenue, P.O. Box 389  
Haliburton, Ontario, K0M 1S0  
(705) 457-1740 ext. 35  
Fax: (705) -457-1964  
www.dysartet.al.ca

## Youth Softball Registration Form

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Town/City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

Allergies/medical concerns? Yes No If yes, please specify: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Emergency Contact Name and Phone Number: \_\_\_\_\_

T-shirt size (please circle one): **Youth:** X-Small, Small, Medium, Large, X-Large **Adult:** Small, Medium, Large, XL, XXL

### Check the age group you are interested in signing up for:

- Junior Blastballers (2013 – 2014)
- Blastballers (2011 – 2012)
- Mites (2008 – 2010)

**Fees:**  
\$35 per child  
*Volunteer coaches receive one free registration.*

### I am willing to Coach/Volunteer for the following group(s):

- Junior Blastballers                       Blastballers                       Mites

**Payment Received:** Cash Cheque # \_\_\_\_\_ Debit \_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_\_\_

### Photo Release and Assumption of Risk

a) The Municipality of Dysart et al documents its programming and events through photos and videos for marketing and promotional purposes. I, \_\_\_\_\_, hereby give permission for the Municipality of Dysart et al to use any photos/video taken of my child/myself for the following purpose: promotion, grant proposals, newspaper articles, and websites.

b) IN CONSIDERATION of the acceptance of my application and the permission for myself or the person (s) listed above to participate as a participant in the DYSART ET AL MUNICIPAL RECREATION YOUTH SOFTBAL PROGRAM, I, for myself, my heirs, executors, administrators, successors and assigns HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE the Municipality of Dysart et al, and its agents, volunteers, employees and contractors OF AND FROM ALL claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect to death, injury, loss or damage to my person or property HOWSOEVER CAUSED, arising or to arise by reason of my participation in the said event, whether as spectator, participant, competitor or otherwise; whether prior to, during or subsequent to the event AND NOTWITHSTANDING that same may have been contributed to or occasioned by negligence of any of the aforesaid.

I FURTHER HEREBY UNDERTAKE to HOLD AND SAVE HARMLESS and AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in said event.

BY SUBMITTING this ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED to the above WAIVER, RELEASE, and INDEMNITY. I WARRANT that I or the participant listed above am physically fit to participate in this event.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_