

EGYPT MEMORIAL PARK COBRA'S
FALL BASEBALL-SOFTBALL 2009 CONTRACT **www.egyptmemorialpark.org**

Athlete Name: _____ Male ___ Female ___
Address: _____ Birth Date: _____
Which school does this athlete attend? _____ School Grade _____
Did this athlete play for EMP in the Spring 2009 season? YES: _____ NO: _____
If NO, where did your child play in the Spring 2009 season? _____
Special medical considerations, i.e. allergies, etc.: _____

Special Requests: _____

Parents or Legal Guardian - Please read and sign below.

The parents or legal guardian of the above named participant give approval to his/her participation in any or all activities during the current season. It is agreed that all equipment/uniforms must be returned at the end of the EMP 2009 Spring Baseball Softball season to the EMP in as good condition as when received by the participant. The parents accept responsibility for the return of all EMP property or full cash reimbursement equal to the cost of replacing involved equipment/uniform must also reimburse EMP for any costs associated with collection proceedings, including magistrate, attorney, and processing fees. **Please initial:** _____

The parents assume all risks and hazards incidental to such participation including transportation to and from the activities. The parents do hereby waive, release, absolve, indemnify and agree to hold harmless the Egypt Memorial Park Association (EMP); it's officers, members, coaching staff, participants and persons transporting the participants to and from the activities. **Please initial:** _____

In the event of an injury to the participant, the parents are responsible for medical expenses and deductibles to the extent of their medical coverage. Thereafter, the association will provide payment for medical expenses subject to the terms of its policy. Any and all expenses in excess of that amount are the sole responsibility and liability of the parents or legal guardian of the participant. **Please initial:** _____

Parents assume responsibility for full payment of Spring Baseball/Softball Registration of \$50 for one child, \$50 for second child, \$20 for a third child, Yearly Family Park Membership of \$10 is NON-REFUNABLE, Lottery Fundraiser of \$50 and Two shifts in the EMP snack stand

Signature of Parent or Legal Guardian: _____ Date: _____
Print name: _____ Home Phone Number: _____
Occupation: _____ Work Phone Number: _____
Spouse's Name: _____ Mobile Phone Number: _____
Medical Insurance name: _____
Group and/or Policy numbers: _____
Your e-mail address: _____

Please volunteer and sign-up to help as coaching staff, special events help, fund raiser help, etc.

EMP use only

Registration Paid: _____ 2009 Park membership Paid _____ Snack Stand Buyout \$50 _____ EMP T-shirt Yes/No _____
T- Shirt Size _____ Check #: _____ Amount: _____ Bank: _____