

Dakota Ridge Baseball Association

3609 S. Wadsworth Blvd., Ste. 135
 Lakewood, Colorado 80235
 Telephone: 720-407-4359

2010 Level III Baseball Registration

www.dakotaridgebaseball.org

Please fill out ALL information - Please Print

Use N/A to indicate information not applicable

Player's Name:	Parent/Guardian 1 Name:
Primary Email:	Work Phone:
Street Address:	Home Phone:
Apt., Ste. #:	Cell Phone:
City & State:	Relationship:
Zip Code:	Email Address:
Home Phone:	
Work Phone:	
Cell Phone:	
Birth Date:	Parent/Guardian 2 Name:
Age as of 4/30/10:	Work Phone:
Male or Female:	Home Phone:
Height: Weight:	Cell Phone:
School Currently Attending:	Relationship:
Home Area High School:	Email Address:
Emergency Contact Name:	
Emergency Contact Phone:	
Emergency Contact Alt. Phone:	

FEE INFORMATION

Age Group	Registration Fee
Level III High School Baseball (15 yr olds)	\$325.00

RELEASE WAIVER AND CONSENT - As the parent of guardian of the player, I understand that this is a competitive contact sport, and I hereby consent to his or her playing the sport and represent that he or she is physically fit and able to participate in this sport. Further, on my behalf and on behalf of the player, and on behalf of all of our respective heirs, representatives, executors, administrators, relatives, and assigns, we RELEASE, WAIVE, HOLD HARMLESS, INDEMNIFY, AND COVENANT-NOT-TO-SUE Dakota Ridge Baseball Association, its directors, officers, coaches, employees, and agents from and against any and all damages, liabilities, costs, causes of action, proceedings, suits, claims, or demands of any kind or nature whatsoever, which may now exist or which we may have in the future against any of the foregoing named persons on account of personal injury, property damage, death, accident of any kind, or any other damage, loss, or injury arising out of or in any way related to participation in the sport or any event or activity of Dakota Ridge Baseball Association. The foregoing waiver and indemnification shall apply to the greatest extent allow by Colorado law. I give my consent for all emergency medical care unertaken by a coach or volunteer, or prescribed by a physician or other health care provider for the player identified above. Care may be given under whatever conditions are necessary to preserve the life, limb, or well being of the player.

REFUND POLICY - No refunds will be given after the first scheduled game and only 1/2 of the registration fee will be refunded after uniform handout. A \$25 administrative fee will be charged for each player withdrawing from the program. Requests must be made in writing.

RETURNED CHECKS - An additional \$25.00 will be assessed for all non-sufficient fund checks.

Signature of Parent/Guardian: _____ Date: _____