

Tournament Summer Teams

Is your child interested in playing on a tournament team? **YES** or **NO**
If yes, this will be taken into consideration while the team is being chosen.

These teams are highly competitive and not every child is chosen for the team.

WAIVER OF LIABILITY AND DISCLAIMER

I, _____ (print parent name) give permission for _____ (child) to participate in the Walkerton Junior Baseball League. I understand that the Town of Walkerton, John Glenn School Corporation, St. Patrick's School and Walkerton Park & Recreation Department and its employees and volunteers are not responsible for any accidents or injuries that may occur during this program. Nor will they be responsible for lost or stolen articles.

MEDICAL INFORMATION

Initial Here _____

Does the player have any disabilities/handicaps, current injuries, medical limitations or other significant condition? Yes No If yes, please describe in complete detail: _____

_____ *This information is for medical personnel only.*

EMERGENCY AUTHORIZATION

Initial Here _____

I, the undersigned parent or legal guardians of the player, hereby authorize the coaches, assistant coaches, or parents of the team members acting in the capacity of activity supervisors, as my Agents, to consent to medical, surgical, dental examination and/or treatment. In case of emergency, I hereby authorize the treatment and/or care at any hospital.

PARENT CODE OF CONDUCT

Initial Here _____

I understand as a parent of a youth player, I will conduct myself in a respectful, orderly fashion at all times. I understand alcohol & smoking are not allowed at any youth games. I will not wear apparel depicting drugs, alcohol, or foul language. Foul language will not be tolerated. **I will offer my support in a positive manner to my child, the coach, and other team(s) members.** It is the responsibility of the coach to have discussions with the umpires regarding disputes. Parent/umpire disputes will not be tolerated nor will parent/coach disputes. This is a NO TOLERANCE offense, you will be asked immediately to leave with your child.

INCLUSION POLICY

Initial Here _____

Walkerton Parks Board has implemented an Inclusion Policy for all of their programs. A copy of this policy can be obtained at any time.

My child requires special accommodations for which I have provided a written request. _____

Initial Here _____

By signing below I am stating that I have read and understand the above information and that I will abide by the Parent Code of Conduct. All information that I have provided is true and accurate.

Parents/Guardians Signature _____

**Please remember that no animals are allowed at the ball diamonds.
You will be asked to remove the animal from the area.**

The Walkerton Parks & Recreation Department would like to take photos to be put in the media. Your child's name and image could be put in newspapers, our website and/or social media. If this is a problem, please ask for a DENIAL FORM. Otherwise we will use this registration form as our permission to use their image and/or name.