



K-18 Baseball will travel to surrounding communities. All practices are held in Ellis. League begins at the end of May and end of July.

All players are responsible for providing their own baseball glove, pants, and shoes.

Early Registration Deadline: March 26, 2025

Fee: \$80.00

Late Registration Deadline: April 2, 2025

Fee: \$100.00

Ages: Can not turn 17 during the 2025 calendar year to be eligible for K18 Baseball,

(13-16yrs old).

Cash Check Credit Name:

All youth must play in the appropriate age/grade division. Requests to be moved to another division will only be granted by the Superintendent's approval.

Address:		City:	
DOB:	Grade:		
Print Father's Name		Ph	
Print Mother's Name		Ph	
Emergency contact: (Ot	her than parent	(legal guardian)	
Name		Ph	
List medical conditions i	f any:		
		tion Commission, 1204 Washington, Ellis, ated in the Schools. Phone: (785) 726-3718	

volunteers as my agent and representative for the purpose of authorization of emergency medical and dental treatment deemed necessary by duly credentialed physician, dentist, or health care provider. My consent au-
thorizes ambulance service, admission to a hospital, examination (to include X-rays), anesthesia, the use of
drugs and medication, and necessary surgery recommended by such medical personnel for the purpose of savin life or to reduce further injury and harm. I acknowledge that payment of such medical treatment is my obligation and that such treatment will be sought only in the event of an emergency. WAIVER RELEASE STATE-
MENT: As a participant in this program, I recognize and acknowledge that there are certain risks of physical
injury and I agree to assume the full risk of any injuries, including loss of life, damages or loss which I may
sustain as a result of participation in any and all activities connected with or associated with such program. I
further agree to waive and relinquish all claims, full release and discharge and agree to indemnify and hold harmless and defend the ERC and its officers, agents, servants, and employees from any and all claims resulting
from injuries, including loss of life, damages, and losses sustained by me and arising out of, connected with, or
in any way associated with the activities of the program. The undersigned and participant authorize the ERC to
use at its discretion any photograph(s) taken of the participant while participating in any activity and waive any
and all claims that the participant or the undersigned or their heirs, executors, administrators, or assigns may
have or claim to have resulting from such photograph(s) or reproductions thereof. WAIVER/RELEASE FOR
COMMUNICABLE DISEASES INCLUDING COVID-19 In consideration of being allowed to participate on behalf of Ellis Recreation Commission athletic program and related events and activities, As a participant in
this program I acknowledges, appreciates, and agrees that: Participation includes possible exposure to and
illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular
rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and, I KNOW
INGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM
THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and
I willingly agree to comply with the stated and customary terms and conditions for participation as regards
protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my
presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately, and, I, for myself and on behalf of my heirs, assigns, personal representatives and next of
kin, HEREBY RELEASE AND HOLD HARMLESS Ellis Recreation Commission their officers, officials,
agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, own
ers and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALI
ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM
THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law. All Ellis Rec
issued equipment must be returned to the Ellis Rec at the end of season. If equipment is not returned to the Elli
Rec, the participant may be charged a fee for the replacement of the of the unreturned equipment.
I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY
UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY
SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.
Name of participant:
Participant signature:
Date signed:
FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)
This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained
the provisions in these waiver/release to my child/ward including the risks of presence and participation and his
her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my
spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself.
my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all
liabilities incident to my minor child's/ward's presence or participation in these activities as provided above,
EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.
Name of parent/guardian:
Parent guardian/signature:
Date signed: Parent Email:
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CONSENT FOR EMERGENCY MEDICAL AND DENTAL CARE: I appoint the ERC staff, instructors, and

REGISTRATION DEADLINE MARCH 26, 2025