

SCH

Cash Check Credit Name:

Western KS Baseball

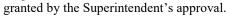
Western Kansas, for participants entering 5th grade - entering 7th grade, will travel to surrounding communities. All practices are held in Ellis. League begins at the end of May and ends mid-July. *All players must provide their own glove, pants, and shoes.*

Early Registration Deadline: March 26, 2025

Fee: \$30.00 (has jersey) / \$50.00 (needs jersey)

Late Registration Deadline: April 2, 2025 **Fee:** \$38.00 (has jersey) / \$58.00 (needs jersey)

All youth must play in the appropriate age/grade division. Requests to be moved to another division will only be





Print Childs Name:	
Address: City	y:
DOB: Grade:	
T-shirt Size: Circle Youth S M L Adult S	S M L XL 2XL
Print Father's Name	Ph
Print Mother's Name	Ph
Emergency contact: (Other than parent/legal guardian)	
Name Ph_	
List medical conditions if any:	
Please consider coaching! Without volunteer coaching to Coach! Vo	
I want to Coach! Ye	S / NO
<u>Please Return Form to:</u> Ellis Recreation Commission Kansas 67637 OR the Drop Boxes located in the School	

CONSENT FOR EMERGENCY MEDICAL AND DENTAL CARE: I appoint the ERC staff, instructors, ar 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 authorizes 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 saving 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 STATEMENT: 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 on loss whice may sustain as a result of participation in any and all claims, full release and discharge and agree to indemnify an 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, connec with, or in any way associated with the activities of the program. The undersigned and participant authorize 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, A participant in this program I acknowledges, appreciates, and agrees that: Participation includes possible expersure to and illness from infe
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 explain 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, n spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myse my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and al 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:

REGISTRATION DEADLINE MARCH 26, 2025