

# Western Kansas Baseball

Western Kansas baseball will travel to surrounding communities and is for participants entering 5th grade - entering 7th grade. ALL practices are held in Ellis. Leagues begin at the end of May and end mid-July.  
*All players are responsible for providing their own baseball glove, pants, and shoes.*

**Registration Deadline: April 8, 2020**

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

**Grades:** entering 5th - 7th

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. **Players will not be placed into our database until fee is paid.**

*\*Don't Forget: You can register online!\**



**REGISTRATION DEADLINE APRIL 8, 2020**

Print Child's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Age: \_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Jersey Size: (Circle One) – YS YM YL AS AM AL

If you already have a jersey, what number do you have? \_\_\_\_\_ Requested Jersey Number(s) 1. \_\_\_\_ 2. \_\_\_\_ 3. \_\_\_\_

Print Father's Name \_\_\_\_\_ Wk# \_\_\_\_\_

Print Mother's Name \_\_\_\_\_ Wk# \_\_\_\_\_

Emergency contact: please list someone other than parent/legal guardian who can be contacted in case of emergency.

Name \_\_\_\_\_ Home phone \_\_\_\_\_ Wk # \_\_\_\_\_

Relationship to participant \_\_\_\_\_ List any medical conditions if any: \_\_\_\_\_

**CONSENT FOR EMERGENCY MEDICAL AND DENTAL CARE:** I appoint the ERC staff, instructors, and 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 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. **I, the Parent/Legal Guardian** of the above named participant has read and understands the "Consent for Emergency Medical and Dental Care" and the "Waiver Release Statement." I agree to abide by all policies and guidelines set forth by the ERC regarding this program.

Signature of parent or guardian: \_\_\_\_\_

E-mail address of parent or guardian: \_\_\_\_\_

(This will be used to e-mail upcoming ERC events.)



**Please Return Form to: Ellis Recreation Commission, 1204 Washington Ellis, Kansas 67637**

Phone: (785) 726-3718 OR the Drop Boxes located in the Schools.

**FOR OFFICE USE ONLY:** Pd \_\_\_\_\_ SCH \_\_\_\_\_ W \_\_\_\_\_ Date \_\_\_\_\_

Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit \_\_\_\_\_ Amt. \$ \_\_\_\_\_ Name: \_\_\_\_\_

**WK BASEBALL 2020**