



PACE ATHLETIC & RECREATION ASSOCIATION aka PARA 2012 BASEBALL REGISTRATION

PLEASE USE EXACT NAME THAT IS ON THE CHILD'S BIRTH CERTIFICATE

CHILD	FIRST NAME	MIDDLE NAME	LAST NAME			JR, SR, etc.	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	SCHOOL (2011/2012)	GRADE (2011/2012)	DATE OF BIRTH	MONTH	DAY	YEAR	PARA RETURN PLAYER <input type="checkbox"/> YES <input type="checkbox"/> NO
	LEAGUE (AGE ON 4/30/2012)	PRE-TEE AGE 3 & 4 <input type="checkbox"/>	TEE BALL AGE 5 & 6 <input type="checkbox"/>	COACH PITCH AGE 7 & 8 <input type="checkbox"/>	MINORS AGE 9 & 10 <input type="checkbox"/>	MAJORS AGE 11 & 12 <input type="checkbox"/>	TEENER AGE 13 & 14 <input type="checkbox"/>
JERSEY SIZE	<input type="checkbox"/> YS <input type="checkbox"/> AS	<input type="checkbox"/> YM <input type="checkbox"/> AM	<input type="checkbox"/> YL <input type="checkbox"/> AL	<input type="checkbox"/> YXL <input type="checkbox"/> AXL	<input type="checkbox"/> AXXL	JERSEY NUMBER	FIRST CHOICE SECOND CHOICE THIRD CHOICE

PARENT/LEGAL GUARDIAN	FIRST NAME	MIDDLE NAME	LAST NAME		JR, SR, etc.
	<input type="checkbox"/> CHILD LIVES WITH THIS PARENT or GUARDIAN	ADDRESS		CITY	STATE ZIP CODE
	RELATIONSHIP TO PLAYER	HOME PHONE	WORK PHONE		MOBILE PHONE <input type="checkbox"/> TEXT MESSAGING
	OTHER PHONE	EMAIL ADDRESS (PRIMARY)		EMAIL ADDRESS (SECONDARY)	

PARENT/LEGAL GUARDIAN	FIRST NAME	MIDDLE NAME	LAST NAME		JR, SR, etc.
	<input type="checkbox"/> CHILD LIVES WITH THIS PARENT or GUARDIAN	ADDRESS	<input type="checkbox"/> SAME AS ADDRESS ABOVE	CITY	STATE ZIP CODE
	RELATIONSHIP TO PLAYER	HOME PHONE	WORK PHONE		MOBILE PHONE <input type="checkbox"/> TEXT MESSAGING
	OTHER PHONE	EMAIL ADDRESS (PRIMARY)		EMAIL ADDRESS (SECONDARY)	

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN AND INITIAL ACCORDINGLY INDICATING YOUR ACCEPTANCE OF THESE REGISTRATION RULES.

PARENT AND/OR LEGAL GUARDIAN RESPONSIBILITIES

I hereby acknowledge that my child's participation in Pace Athletic and Recreation Association, Inc. (hereinafter "PARA") obligates me to the rules and responsibilities listed below and that these rules are not all inclusive. I also understand and acknowledge that this registration is not valid unless there is a completed **PARA ACCIDENT WAIVER & RELEASE OF LIABILITY & MEDICAL TREATMENT AUTHORIZATION** form attached.

- If your team does not raise the required money in sponsorships and program advertisements, the parents and legal guardians of the team players will be responsible for paying the unpaid balance.
- I agree to participate in park workdays as scheduled by PARA or my child's team including scheduled work days for my child's team during PARA Home Games. I understand that if my team is not represented by 2 or more persons on workdays that my team will be required to pay a \$100 fine.
- I agree to participate in all PARA fundraisers and Team Fundraisers. I understand that these participation is mandatory and there are no exceptions to this requirement.
- I am responsible for all children (minors) under my care at all times when on PARA property. I understand that any damage that any children (minors) under my care do to the park will be considered vandalism and treated according to the laws of the State of Florida and the ordinances of Santa Rosa County.
- There will be no COOLERS, FAST FOODS or OTHER SUCH FOODS allowed in or on PARA property one (1) hour before and during scheduled game times. I understand that if I bring such items in or on to PARA property I will be asked to leave. I understand that PARA concession sales are a major source of funding for the parks and without them the park would not be able to operate.
- I understand and agree that failure to abide by the above rules and responsibilities and any unlisted PARA rules will be according to PARA by-laws. I understand that I can request a copy of all PARA rules and by-laws by contacting the PARA Board. I understand the PARA Board contact information is listed on www.parayouthsports.com.

SIGNATURE OF PARENT OR LEGAL GUARDIAN
NOTE: MUST BE A PARENT OR LEGAL GUARDIAN LISTED ABOVE ON THIS FORM

DATE OF SIGNATURE MM/DD/YYYY

PARA USE ONLY – DO NOT WRITE BELOW THIS LINE

REGISTRATION FEE AMOUNT (CHECK ONLY ONE)				LATE FEE <input type="checkbox"/> \$15	YEAR BOOK PURCHASE (OPTIONAL) <input type="checkbox"/> \$5	YEAR BOOK AD (OPTIONAL) <input type="checkbox"/> \$25: 1 / 8 PAGE <input type="checkbox"/> \$40: 1 / 4 PAGE <input type="checkbox"/> \$65: 1 / 2 PAGE <input type="checkbox"/> \$110 FULL PAGE	TOTAL AMOUNT DUE \$
COST	1st CHILD <input type="checkbox"/> \$125	2nd CHILD <input type="checkbox"/> \$100	3rd CHILD <input type="checkbox"/> \$85				4th CHILD+ <input type="checkbox"/> \$30
PRE-T	<input type="checkbox"/> \$90	<input type="checkbox"/> \$70	<input type="checkbox"/> \$50	<input type="checkbox"/> \$30			

TEAR OR CUT HERE IF RECEIPT IS REQUIRED



PARA
PACE ATHLETIC &
RECREATION ASSOCIATION

**2012 BASEBALL
REGISTRATION
CASH RECEIPT**

DATE	AMOUNT	REFERENCE
RECEIVED FROM	PARA REPRESENTATIVE	

ACCIDENT WAIVER & RELEASE OF LIABILITY & MEDICAL TREATMENT AUTHORIZATION

PLEASE PRINT "CHILD" NAME (FIRST MIDDLE LAST)

"CHILD" DATE OF BIRTH MM/DD/YYYY

I acknowledge that the PARA athletic events ("EVENTS") are an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, EVENTS officials and EVENTS monitors, and/or producers of the EVENTS, and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all of the risks of the above listed child, of whom I am the parent or guardian of ("CHILD") participating and/or volunteering in EVENTS. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that the CHILD is physically fit, have sufficiently trained for participation in the EVENTS and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the EVENTS holders, sponsors and organizers, in which the CHILD may participate and that it will govern my actions and responsibilities at said EVENTS.

In consideration of my application and permitting the CHILD to participate in the EVENTS, I hereby take action for myself, the CHILD, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including my traveling to and from EVENTS. THE FOLLOWING ENTITIES OR PERSONS: Individual sponsoring companies, the Pace Athletic & Recreation Association ("PARA"), their directors, officers, employees, volunteers, representatives, and agents, the EVENTS holders, EVENTS sponsors, EVENTS directors, EVENTS volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in EVENTS, whether caused by the negligence of releasees or otherwise.

I hereby consent for the CHILD to receive medical treatment which may be deemed advisable in the event of injury, accident and or illness while participating in EVENTS.

I understand that at EVENTS or related activities, the CHILD may be photographed. I agree to allow the CHILD's photo, video or film likeness to be used for any legitimate purpose by the EVENTS holders, EVENTS producers, EVENTS sponsors, EVENTS organizers and or assigns.

The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby acknowledge that I have been informed and fully understand that PARA does not provide or make available medical insurance for my children who are participating in sports activities at PARA facilities. The PARA is covered by a liability policy for the PARA premises only. I understand that PARA will not be responsible for medical coverage for injuries due to a sports activity or any other injury on PARA property.

I hereby certify that I have read this document and I understand its content.

PLEASE PRINT PARENT OR GUARDIAN NAME (FIRST MIDDLE LAST)

Father Mother Legal Guardian

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE OF SIGNATURE MM/DD/YYYY

In case of an emergency and in the absence of the child's parent(s) or legal guardian(s), please notify:

RELATIONSHIP TO CHILD	FIRST NAME	LAST NAME	HOME PHONE	MOBILE PHONE	WORK PHONE