



# Topeka Baseball and Softball Association

Topeka, Kansas ○ established 2014

2801 SE 25th Street ○ PO Box 1662

Topeka, KS 66601

Website: [www.topekabaseballandsoftball.com](http://www.topekabaseballandsoftball.com)

Email: [topekabaseballsoftball@gmail.com](mailto:topekabaseballsoftball@gmail.com)

## PLAYER REGISTRATION FORM

### Dear Parent/Guardian:

This form is to be used for all players interested in playing at TBSA. Please complete one agreement form for each player in your family and return it to your player's manager/coach.

**A copy of each applicant's birth certificate must be provided to the coach before season starts.**

For Baseball      Shirt Size 6U      T-ball only      YS, YM, YL, AS, AM, AL, AXL, AXXL, AXXXL

For Softball      Shirt Size 8U      Softball only      YS, YM, YL, AS, AM, AL, AXL, AXXL, AXXXL

**Player Information** (please print): **For Baseball, Age as of May 1<sup>st</sup>** \_\_\_\_\_ **For Softball, Age as of January 1<sup>st</sup>:** \_\_\_\_\_ **Players Date of Birth:** \_\_\_\_\_  
(Per calendar year) (Per calendar year)

Player Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Emergency Ph: (\_\_\_\_) \_\_\_\_\_ Last School Attended: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

### **Parent(s)/Guardian(s) Information** (please print):

Parent Name (main contact): \_\_\_\_\_ Relationship: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Ph: (\_\_\_\_) \_\_\_\_\_ 1st Phone #: (\_\_\_\_) \_\_\_\_\_ 2<sup>nd</sup> Phone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Ph: (\_\_\_\_) \_\_\_\_\_ 1st Phone #: (\_\_\_\_) \_\_\_\_\_ 2<sup>nd</sup> Phone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Player's Statement:** I do hereby agree to play baseball or softball for \_\_\_\_\_ in the \_\_\_\_\_ Division during the **20**\_\_\_\_ TBSA summer season.  
(circle one) (manager / coach's name) (age Group)

### **Consent of Parent or Guardian**

I/(We), the undersigned parent(s) or legal guardian(s), do hereby verify the information in this player agreement form and consent to the placement of my/our child on a team in TBSA for this season. I/We understand that neither TBSA nor any of its members, officers, directors, sponsors nor employees assume responsibility for any injury or damage to person or property resulting from an incident occurring during conduct of the TBSA program including games, practices and other related activities and events.

In case of emergency, I/we hereby consent to medical treatment for my/our child and authorize any member of TBSA Executive Committee to sign necessary papers and documents authorizing hospitals and physicians to proceed to render medical care.

I/(We) also acknowledge and release, that my/(our) son or daughter may be photographed for advertising purposes. My/(our) son's or daughter's picture may be posted on the Internet for purposes of league promotion only. I/(We) do not hold Topeka Baseball and Softball Association responsible for photographs of my/(our) child taken by other fans.

In consideration of our participation in this activity, and in acknowledgement of the law, we hereby release and discharge Shawnee County Parks + Recreation and all persons employed or connected with this activity from any and all liability arising from illness, injuries and damages we suffer as a result of our participation in this recreational activity. We are not waiving or releasing SCPR from intentional acts of damage, nor for damages caused by the gross and wanton negligence of SCPR since the areas utilized under this program are park, playground or open area under K.S.A 75-6104(0). We also understand that SCPR is not responsible for any costs incurred for medical services, injuries and damages to ourselves or others in connection with this activity. SCPR reserves the right to use event pictures for publications. SCPR does not discriminate against any person on the basis of race, color, sex, national origin, age or handicap in the operation of any program, activity or facility.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Manager/Coach Signature: \_\_\_\_\_

Date: \_\_\_\_\_