



2025 Adams Recreation Club-Baseball/ Softball Program Player Application

****Please PRINT neat and legibly****

Player Name: _____
FIRST MIDDLE LAST DOB _____

Parent(s)/ Guardian Name: _____

Home Address: _____
STREET ADDRESS
CITY ST ZIP

Age: _____ Softball or Baseball: _____

Cell Phone: _____ Email: _____

Siblings Playing: _____

Adult to notify in case of emergency: _____

NAME PHONE NUMBER RELATION

Known Medical Conditions: _____ Other: _____

Regular medication for above condition Yes _____ No _____
Has your child ever had a Concussion Yes _____ No _____

Concession Stand: Read and Initial BOTH

_____ initials I understand the league depends on **ONE** fundraiser and concession stands for operating the league. I understand if I **opt out of the fundraiser, this does not mean the parent/guardian is opting out of participating in the home game concession stand time slots, for the season.**

_____ initials I understand that the parents/guardian agrees to **work TWO** concession stand time slots during the season. The time slots will **not be** during the child's scheduled games. **The parents/guardian's concession time, per slot, will be for a FULL game.**

Fundraiser: Initial ONE (1) of these

_____ initials 1. I agree to accept my fundraiser duties as a parent/guardian and return my money to my coach within the deadlines.

_____ initials 2. I agree to opt out of the fundraiser duties. In place of my fundraiser duties, I will pay **\$75.00 in addition to registration fee.** (This does not include concession stand)

League Use	
League Age	_____
Baseball 4-6	_____
Softball 4-6	_____
	\$110.00
Baseball 7-12	_____
Softball 7-12	_____
	\$110.00
Softball 13-15U	_____
	\$110.00
Check Amt	_____
Check No.	_____
Cash Paid	_____
Card Amt	_____

***Failure to participate in fundraiser or paying the \$75 buy out, will result in your child sitting out until one of the two have been met and if not, the kid will not be eligible to play in ALL STARS.**
****The "Fundraiser Pay Out" is only an option at time of sign-ups.**

Uniform Information (circle one)

<u>Jersey:</u>	YXS	YS	YM	YL	YXL
		AS	AM	AL	AXL
<u>Pants:</u>	YXS	YS	YM	YL	YXL
		AS	AM	AL	ALX
<u>Adjustable Hat:</u>	YOUTH	ADULT		<u>Socks:</u>	YOUTH ADULT
<u>Fitted Hat:</u>	S/M	M/L	L/XL	<u>Visor:</u>	YOUTH ADULT

Number to be on uniform

1st choice _____ 2nd choice _____ 3rd choice _____
 Uniforms will not be returned if they are the size you ordered, please make sure the size marked is correct, if additional uniform is to be ordered due to size being incorrect, the expense will be that of the player, not the league. Uniforms will not be made for any player until payment is received.

Agreements / Acknowledgments

- * I/we understand that we must live in the Jo Byrns school district to be eligible to play in the league. _____
- * **I/we agree to furnish a notarized copy of my child's birth certificate -- as required** _____
- * In my absence, in case of injury to my child, I/we give permission for league officials or Medical Technicians to provide emergency medical treatment to my child. _____
- * I/we understand that the insurance provided by the league is a "Full Excess" plan with max. limit of \$250,000 sport related / \$50,000 non-sport activities. _____
- * **I/we understand that entry fees are non-refundable.** _____
- * I/we understand that post awards (trophies, medallions, etc) are not automatic just for signing up. They are rewards for completing the season, and the League may or may not cover the entire expense. _____
- * **I understand that this league is volunteer based. The league depends on the parents to help the league run smoothly by volunteering in the needed areas.** _____

Release of Liability

The undersigned for ourselves, legal representatives, and assigns, hereby release and forever discharge The City of Adams, The City of Cedar Hill, The Robertson County Board of Education, The Tennessee/Kentucky Thresherman's Association, The Adams Community Club and the Adams/ Cedar Hill Recreation Club, their officers, representatives, agents, commissioners, coaches, assistant coaches, and volunteer workers of and from any and all causes of action, claims, demands, cost, expenses, and all consequential damages on account of or rising out of any and all personal injuries, emotional injuries, or property damage sustained by my child or any members of my family while participating in any event, games, practices, tournaments, and team outings sponsored by the Adams / Cedar Hill Recreation Club or any of its representatives.

I have read and understand the contents of the foregoing document (front and back), and voluntarily place my signature here on as evidence of agreement to and acceptance of all the conditions.

Executed on the _____ day of _____, 20____

Parent(s) or Legal Guardian _____

Witness _____

Fees are non refundable
No exceptions