

# EGRA BASEBALL & SOFTBALL

## 2021 FALL BALL REGISTRATION FORM

**\*\*Please be advised that ALL players will be placed in a common draft. Residency will be taken into consideration to the greatest extent possible, but this will not guarantee placement on a specific team. Before registering a player, please take into consideration that travel to both park locations (Meherrin River Park AND JRA Complex) WILL be required. \*\***

PRINT NAME (as shown on birth certificate) \_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ BASEBALL age as of May 1, 2021 \_\_\_\_\_ SOFTBALL age as of August 1, 2021 \_\_\_\_\_

PRINT PARENT NAME \_\_\_\_\_ PREFERRED PHONE \_\_\_\_\_

PARENT EMAIL ADDRESS \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

LAST TEAM \_\_\_\_\_ ASSIGNED TEAM \_\_\_\_\_ LEAGUE \_\_\_\_\_

RESIDENT OF (circle one) CITY OF EMPORIA GREENSVILLE COUNTY OTHER (specify) \_\_\_\_\_

UNIFORM SHIRT SIZE: (circle one) YOUTH S YOUTH M YOUTH L ADULT S ADULT M ADULT L ADULT XL ADULT 2XL

**PERMISSION FORM** By signing this form giving permission for my child to participate. I pledge that my family will observe GOOD SPORTSMANSHIP and may lose the right to attend if this rule is violated. A registration fee of \$45 must accompany this form when submitted. I understand there is a \$25 returned check fee. I agree to pay the amount for which the check was written, in addition to the \$25 fee. I acknowledge and confirm that I have read and provided the correct information requested and understand that the participant will be ineligible to participate if the information is found to be invalid. I understand there are absolutely NO REFUNDS.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

←←←← **DON'T FORGET TO SIGN THE COVID WAIVER ON THE BACK** →→→→

BOARD/COMMISSIONER USE ONLY

DATE \_\_\_\_\_ PAID BY: CHECK # \_\_\_\_\_ CASH \_\_\_\_\_ PAYMENT RECEIVED BY INITIALS \_\_\_\_\_

NEW PLAYER: YES \_\_\_ NO \_\_\_ BIRTH CERTIFICATE YES \_\_\_ NO \_\_\_ ON FILE \_\_\_\_\_ ID# \_\_\_\_\_ LEAGUE \_\_\_\_\_

**For the latest EGRA updates and announcements, make sure you "like" EGRA Works For Our Kids on Facebook!**

**FORM MUST BE COMPLETELY FILLED OUT TO PARTICIPATE  
IN EGRA SPORTS PROGRAMS:**

**Assumption of the Risk and Waiver of Liability  
Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from close contact of individuals. As a result, federal, state, and local government and health officials recommend social distancing and have discouraged large gatherings of people.

The Emporia-Greenville Recreation Association ("EGRA") has put in place preventative measures to reduce the spread of COVID-19, however, EGRA **cannot guarantee** that anyone that uses the facilities will not become infected with COVID-19.

By signing this agreement, you:

- Acknowledges the contagious nature of COVID-19 and voluntarily assumes the risk that you or your child may be exposed to or infected with COVID-19 and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death.
- Understands the risks of becoming exposed or infected with COVID-19 at the Meherrin River Park Complex may result from the actions or omissions of myself and others, including, but not limited to, EGRA employees, volunteers, and program participants and their families.
- Releases any claims based on the actions or omissions of EGRA's employees or volunteers, whether a COVID-19 infection occurs before, during, and after your child's participation in events at the Meherrin River Park Complex.

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Signature of Parent/Guardian

Date

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**In the event of a canceled season, due to COVID-19,  
please fill out the following information to receive a refund if deemed necessary:**

**Players Name:** \_\_\_\_\_

**Refund Check Made Payable To:** \_\_\_\_\_

**Refund Check Mailed To Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_