

EGRA BASEBALL & SOFTBALL

2024 REGISTRATION FORM

****Please be advised that ALL players will be placed in a common draft.**

Residency will be taken into consideration, but this will not guarantee placement on a specific team**

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

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

DATE OF BIRTH: _____ GENDER Circle One MALE FEMALE

TEE-BALL (BOYS) Tee-Ball age as of May 1, 2024 _____ BASEBALL (BOYS) age as of May 1, 2024 _____
TEE-BALL (GIRLS) Tee-Ball age as of May 1, 2024 _____ SOFTBALL (GIRLS) age as of January 1, 2024 _____

PRINT PARENT NAME _____ PREFERRED PHONE _____

PARENT EMAIL ADDRESS _____ ALTERNATE PHONE _____

LAST TEAM _____ ASSIGNED TEAM _____ LEAGUE _____

**** I WOULD LIKE TO BE CONSIDERED FOR THE MULTI-CHILD DISCOUNT** Circle One YES NO

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

UNIFORM SHIRT SIZE: (CHECK ONE) _____ YOUTH XS _____ 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 \$55 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 _____

TOURNAMENT PERMISSION (Must be signed to be eligible for tournament play) I understand that all children whose parents give their permission may be NOMINATED for the league tournament team. I understand that signing this form does not mean my child will be selected. I also understand that players which are selected agree to attend all practices and games, or they will be replaced with another participant, and that play may be limited to the players needed for the tournament. By signing this form, I agree to the conditions set forth and hereby authorize my child to be nominated.

PARENT/GUARDIAN SIGNATURE _____ Date _____

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

BOARD/COMMISSIONER USE ONLY

DATE _____ PAID BY: CHECK # _____ CASH _____ ONLINE _____ PMT REC'D BY _____

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.

Signature of Parent/Guardian

Date

**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** _____