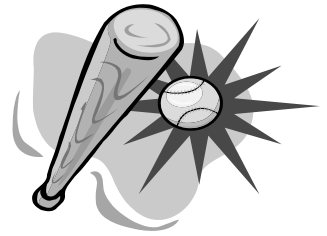


# Blowing Rock Parks and Recreation

## 2016 Kinder T-Ball Registration



Registration for Blowing Rock Taxpayers: March 28<sup>th</sup>, 2016  
(All Taxpayers must present a copy of their Tax Bill upon Registration)

Open Registration: April 4<sup>th</sup>, 2016

Sessions will be Tuesdays and Thursdays 5:45pm or 6:45pm beginning May 3<sup>rd</sup> 2016  
**Children must be 3 years old on or before 5/4/16 and no older than 5 on this date.**

**\*\*Registration Fee: \$30.00 Blowing Rock Taxpayers, \$40.00 Non-Taxpayers\*\***

(Child will be placed on waiting list if no space available)

***Your child's Birth Certificate is required with registration!***

Participant Name \_\_\_\_\_ Age on 5/4/16 \_\_\_\_\_ Birthday \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Mother/Guardian Name \_\_\_\_\_ Father/Guardian Name \_\_\_\_\_  
Phone: (h) \_\_\_\_\_ Mother (w) \_\_\_\_\_ Father (w) \_\_\_\_\_  
Best Contact Number in case of Cancellation: \_\_\_\_\_  
Email: \_\_\_\_\_

\*By state law, email addresses maybe subject to disclosure under the Public Records law.

Please indicate shirt size: Youth XS \_\_\_\_\_ Youth S \_\_\_\_\_ Youth M \_\_\_\_\_

### Waiver and Release

I hereby give \_\_\_\_\_ my permission to participate and be involved in Blowing Rock Parks and Recreation's Kinder T-Ball Program. By authorization, I hereby approve of the program and accept the facilities, equipment, and supervision and have the opportunity to inspect the premises and equipment and talk to the instructor prior to participation, or waive the right to do so. Further, I understand there are certain risks inherent in participation in all team and individual sports which are beyond the control of the participant or the Town of Blowing Rock's Recreation Department, and that immediately prior to any participation I have the opportunity to inspect the facility or equipment and notify the instructor or Town of any objection to the facility, equipment, instructor or supervision and have the choice whether or not to participate in said program or activity. I hereby release the Town of Blowing Rock and its employees from all damages on behalf of the instructor or the adequacy of the supervision, facilities or equipment used in the program named above.

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_

How did you find out about this program? \_\_\_newspaper \_\_\_previous participation \_\_\_friend \_\_\_other

Would you like to sponsor our 2016 Kinder Team? (\$200.00) YES \_\_\_ NO \_\_\_ Contact Name & # \_\_\_\_\_

**Form may be mailed, with payment and birth certificate to: PO Box 47, Blowing Rock, NC 28605**

Date rec'd \_\_\_\_\_ Fee pd. \_\_\_\_\_ Rec # \_\_\_\_\_ Check # \_\_\_\_\_ Birth cert. \_\_\_\_\_ Staff initial \_\_\_\_\_

Please sign below:

I/We the undersigned parents/guardians of the above named participant acknowledge the Town of Blowing Rock Parks and Recreation does not provide accident insurance for athletic programs as a part of the registration fee for participation. I/We fully understand and agree that the expenses of any accident and/or injury incurred while traveling to or from said activity and participating in practices or games shall be at my/our expense, either personally or through any other insurance carrier. Further, I/We do agree to indemnify and hold the Town of Blowing Rock free and harmless from any legal actions or claims.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Parent's Code of Ethics**

I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by following this Parent's Code of Ethics Pledge.

I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or youth sports event.

I will place the emotional and physical well-being of my child ahead of a personal desire to win.

I will insist that my child play in a safe and healthy environment.

I will support coaches and officials working with my child in order to encourage a positive and enjoyable experience for all.

I will demand a sports environment for my child that is free of drugs, tobacco and alcohol, and will refrain from their use at all youth sports events.

I will remember that the game is for youth—not for adults.

I will do my very best to make youth sports fun for my child.

I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.

I promise to help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching, or providing transportation.

I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches Code of Ethics.

I will read the National Youth Sports Coaches Association Standards for Youth Sports and do what I can to help all youth sports organizations implement and enforce them.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\*It is assumed that the above signature represents the entire family.

### **Refund Policy**

Refunds will only be made when requested prior to the registration deadline. Requests must be made in writing and a \$5.00 administrative fee shall be deducted from all refunds.

I have read and understand the refund policy. Parent/Guardian Initial \_\_\_\_\_

### **Media Wavier**

I hereby grant my permission to allow my child's name, photo, video recording and/or other items to be used in the discretion of the Town of Blowing Rock's Parks and Recreation Department for promoting programs operated or sponsored by the department.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_