2020 FALL BASEBALL - OFFICIAL TEAM REGISTRATION & WAIVER FORM

Head Coach: ___________________________ Eve Phone: ___________________________ Day Phone: ___________________________

Address: ___________________________ City: ___________________________ St.: _______ Zip: ___________

Grade: _______ School: ___________________________ Team Name: ___________________________

Golden Glove, Tiger, or Husky Division? ___________________________ Email: ___________________________

I understand that the program in which I or my child intends to participate may have some inherent risk of injury because of the activity. As a participant (or on behalf of my child), I agree that Blue Valley Recreation Commission and Blue Valley School District representatives and employees shall not be held responsible for any illness, injury or death to person or damage to property resulting from participating in a Blue Valley Recreation Commission program. This includes, but is not limited to, illness, injury or death arising from exposure from the Novel Coronavirus (COVID-19). I further grant permission for Blue Valley Recreation Commissioner and its partners to use my (or my child’s) photo or video for promotional purposes. This waiver and agreement shall be valid for 365 days from the date of execution. Registration is not valid without signature. Parents must sign for children 18 and under entering a program.

The BVRC prohibits illegal discrimination and is committed to complying with the Americans with Disabilities Act. If you would like to request an accommodation or have any other injury regarding this policy, please contact the Administration Manager at (913)685-6000 (voice) or Kansas Relay Service at (800)766-3777, Blue Valley Recreation Commission, 6545 W. 151st Street, Overland Park, KS 66223. Please give us at least two weeks advanced notice for any requested accommodation.

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<tr>
<th>Player Name (Please Print)</th>
<th>Home Phone</th>
<th>Street Address, City, St., Zip</th>
<th>Parent Signature</th>
<th>School</th>
<th>Birth Date</th>
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Head Coach Name: ___________________________ Team Name: ___________________________ Grade: ________

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- If there are any players on this team who need ADA accommodations, please call the Sports Complex office at 913-685-6030.
- Please list any medical conditions of any players that you think we should be aware of: ____________________________________________
  ____________________________________________

(Office Use Only)

◆◆◆PAYMENT◆◆◆

Please make checks payable to Blue Valley Recreation Commission (BVRC)

Code # 263011: $850.00/per team – Grades K & 1 (Coach Pitch), Grades 1-3 (Machine Pitch) $1200.00/per team – Grades 3-8 (Player Pitch)

_____Cash  _____Check  _____MasterCard  _____Visa  _____Discover  _____American Express

Total Amount Paid $_________ Card/Check#______________________ Exp.__________ CVV Code ________

Name of Cardholder __________________________________________

Signature of Cardholder _______________________________________

Address of Cardholder if different than Head Coach __________________________________________________________

Phone # of Cardholder if different than Head Coach ___________________ CSR Initials___________ Date_____________