Waverly Baseball Cass County League 2024

Waverly Parks & Rec Department P.O. Box 427 Total Enclosed \$_____ 14130 Lancashire St. Cash ___ or Check #_____ Waverly, NE 68462 Credit Card__ Date Received Participant Name _____ Birthday _____ Age ___ Current Grade_____ Address_____ City/State/Zip _____ Parents Name _______
Phone (Home) ______(Cell) ______ *E-Mail Address Player Jersey Size (circle one) YS YM YL AS AM AL *Please verify if you are interested in being an assistant coach or head coach. (Coaches Needed) *Up to 3 coaches can form to coach one team. A player draft will determine teams for 8 & Under only 2024 Season Head Coach or Assistant Coach Check Age Group Registering For: Cass County Baseball- Teams travel within S.E. Nebraska for away games. Some games are at home and some are away. Games are twice a week (Season: early May through late June). Each level has a tournament at the end of season. Cass County boys Ages: 7-8 Game days Monday & Saturday Registration: \$95.00 (Coach Pitch (Cannot be 9 before January 1) Cass County boys Ages: 9-10 Game days Monday & Saturday Registration: \$95.00 (Cannot be 11 before January 1) Cass County boys Ages: 11-12 Game days Tuesday & Thursday Registration: \$95.00 (Cannot be 13 before January 1) Cass County boys Ages: 13-14 Game days Tuesday & Thursday Registration: \$95.00 (Cannot be 15 before January 1) **************** \$ 5.00 discount for each additional sibling (Must be signing up for same sport for discount) REGISTRATION DEADLINE: February 2 NO REGISTRATIONS WILL BE ACCEPTED AFTER February 2 Unless approved by the P & R Director then a \$10 late fee will be charged. Registration includes a uniform shirt and hat. Players provide their own pants & socks. A players draft will be held for 8 & Under to determine teams. The draft will be held in March.

Player requests are not allowed in this League and participants must live in the Waverly school

district.

City of Waverly Activity Participants Agreement

| Name (Playe Participant) | er, Coach, Official, or Other): | | |
|---|--|--|---|
| Address: | | City: | State: |
| Zip: | Telephone #: | Age of Participant _ | |
| If Participant | is 18 years of age or older, only Particip | ant must sign. If Participant is 17 yed Guardian must sign. | ars Old or Younger, Parent or Legal |
| | ACKNOWLEDGM | ENT AND ASSUMPTION OF RIS | <u>K</u> |
| Waverly, Nebras materials owned risks, dangers an workouts, rapid joints, ligaments concussion or ot contaminants, of participants, officonditions, impe- varying skill leve caution or expert | I player, coach, or official ("Participant'ska ("City") that, at times, may occur of by the City. Inherent in the Participant and hazards including, but not limited to movements, exertion and tension on vast, muscles, tendons and other aspects of their related head injuries including but ontagions, viruses or pathogens; (d) expericials, administrators, spectators, or other field of play conditions, equipment els. The Activities have foreseeable and tise can eliminate, including without limits and loss of life. The person signing be | on property owned by the City and rat's voluntary participation in and/or ports. (a) strenuous and demanding physic rious muscle groups which may cause the Participant's body or the Participat to the Imited to closed head injury of source to extreme conditions and circum ther natural or man-made objects, dant failure or malfunction, inadequate unforeseeable inherent risks, hazards nitation, the potential for serious bodily | may, at times, utilize equipment and presence at such Activities are certain cal exertion, strenuous cardiovascular e serious injury to virtually all bones, ant's general health and wellbeing; (b) or blunt head trauma; (c) exposure to estances; and/or (e) contact with other angers arising from adverse weather safety measures and participants of s and dangers that no amount of care, y injury, sickness, disease, permanent |
| | RELEASE AND INDEMNITY | AGREEMENT AND COVENANT | NOT TO SUE |
| | of the Participant being allowed to participant or the parent(s) or legal guardian e as follows: | | |
| agents or emp Participant's p disease, or dea facilities on the conduct of one | AIVE, DISCHARGE AND COVENANT No ployees (each a "Releasee" and collectively personal representatives, assigns, heirs, pare ath occurring as a result of entering the pro- te property of the City, whether such injury, a e or more of the Releasees or any other particles of the injury, sickness, disease, condition, or deap extrine. | referred to as "the Releasees") from any ents, legal guardians, siblings, children or perty of the City, participating in or view sickness, disease, condition, or death is ca- articipants, spectators or other individua | and all liability to the Participant (or dependents) on account of injury, illness, ing any Activities, or other use of public used by the negligence or other wrongful ls present at the Activities, or whether |
| (including, but Participant's of such claim is l undersigned C | INDEMNIFY AND SAVE AND HOLD HARMLESS THE RELEASEES and each of them from any liability, damage or loss at not limited to, attorneys' fees and other defense costs) one or more of them may suffer or incur arising out of or related to the or any of the undersigned's participation in and/or entry onto the property of the City in connection with any Activities, whether a based on one or more of the Releasees' negligence, breach of contract or warranty, strict liability or other legal theory. The COVENANTS not to sue any Releasee related to injury, disease, loss, illness or death related to Participant's participation in a or presence on City property relating to any such Activities. | | |
| notwithstandir Participant ag | N SIGNING BELOW AGREE(S) that in tang, continue in full legal force and effect to tree that by signing below they are in addition the maximum extent permitted by applical | the greatest extent possible under application to binding themselves <u>and</u> binding any | able law. The parents or guardian of the |
| | OF MAJORITY, AM COMPETENT AN FAND ITS TERMS. I SIGN KNOWING I | | GN THIS, HAVE READ THE ABOVE |
| Signature of Pa (If Participant is | arent s 17 Years Old or Younger) | Print Clearly or Type Name of | Parent |

Signature of Legal Guardian (If Applicable)

Print Clearly or Type Name of Legal Guardian