



FIRST BAPTIST ATHLETICS 5-6 BOYS BASEBALL REGISTRATION 2012

IMPORTANT: COMPLETE A SEPARATE REGISTRATION FORM FOR EACH CHILD. Boys who are at least 5 and who will NOT have reached their 7th birthday as of July 31, 2012 may register. Registration fee (\$95 for 1 child) (\$180 for 2) (\$255 for 3) (\$320 for 4) and must accompany this form. **A late fee of \$10 will be charged for those who register after Team Distribution on March 10, 2012.**

PLEASE PRINT INFORMATION

NAME _____
(Child's Name)
ADDRESS _____
(Street) _____ (City) _____ (State) _____ (Zip) _____
E-MAIL ADDRESS _____
AGE AS OF 07/31/12 _____ DATE OF BIRTH _____

Phone (H) _____
Dad (O) _____
Mom (O) _____

CHILD'S HEIGHT _____ ft. _____ in. CHILD'S WEIGHT _____ Shirt Size: Youth: S M L
Adult: S M L XL

Has your child played organized baseball or softball? _____ Number of years? _____ Where? _____

Would you like more information about First Baptist Church? _____
THIS IS A VOLUNTEER PROGRAM DEPENDENT UPON PARENT PARTICIPATION

I am willing to serve as:

- 1. COACH _____
- 2. ASSISTANT COACH _____

Would you like to make a charitable contribution to the
Campaign for Sportsmanship: \$50.00 \$500.00
www.campaignforsportsmanship.com \$100.00 Other

IF YOU CHECKED 1 OR 2 PLEASE FILL OUT THE SCREENING FORM ON THE BACK.

To help prepare the grounds prior to the season, I will attend the 2012 Field Preparation Day on **April 7, 2012**.
YES _____ NO _____

We want _____ INDIANAPOLIS INDIANS KNOT-HOLE PASSES at \$15.00 each. These allow your child to attend all home games with the pass and includes an INDIANS T-Shirt. SHIRT SIZE _____

NOTICE: The church's insurance does not cover participants in athletics activities. We assume that the parents have this coverage.
RELEASE AND CONSENT

In consideration of First Baptist Church of Indianapolis, Inc. and First Baptist Athletics, (hereafter "First Baptist") permitting my child to participate in its athletic program, as parent(s) and /or guardians(s) of _____ I(we) consent to my(our) child's participation in First Baptist's 2012 Baseball Program and understand and agree as follows:

I recognize that the Baseball Program involves risks, known or unknown, that cannot be eliminated but which may cause injury, illness, or loss of life. Acknowledging that such risks exist, I, on behalf of myself, my minor child, and anyone else on our behalf release and discharge First Baptist, its employees and any person representing First Baptist in any capacity from any present or future claims, or causes of action whatsoever, including strict liability actions that I, my child, or anyone on our behalf might have as a result of participating in the Baseball Program or activities relating to this program or as the result of being on the premises of First Baptist even if the act or omission complained of was caused in whole or in part by the negligence in any form of First Baptist.

In the event my child becomes injured or ill during any practice or game, I(we) authorize First Baptist or any representative thereof to secure first aid and/or the services of any legally qualified physician or hospital and I(we) agree to accept responsibility for payment of any financial obligations incurred for my child.

I (we) agree to the use of photographs taken of the Baseball Program to be used in program publicity.

Father's (Guardian's) Signature/Date _____ Mother's (Guardian's) Signature/Date _____

SPECIAL INSTRUCTIONS INVOLVING YOUR CHILD - INCLUDING ANY DAY OR TIME YOU CANNOT PRACTICE. PLEASE HELP US BY KEEPING OTHER REQUESTS TO A MINIMUM. _____

Please make checks payable to: First Baptist Athletics * George W. Robinson
Mail to: 8600 N. College Ave * Athletic Director
Indianapolis, IN 46240 * Phone Number: 844-3559
www.firstbaptistathletics.com [Like us on Facebook](#)

***RECEIVED:** Check No. _____ Amount _____ Date _____ Rating _____

First Baptist Athletics
Volunteer Coach, Assistant Coach and Umpires
Baseball 2012 Screening Form

Please Print

Date_____

Last Name_____ First_____ MI _____

Date Of Birth_____ Sex_____ Race_____

Address _____

City_____ State_____ Zip_____

Phone(Home)_____ Phone(Work) _____

Phone(Cell) _____ **Coach Shirt Size** _____

Email Address:_____

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1. Have you ever been charged with, or convicted of, a criminal offense involving child neglect or abuse or a crime involving an actual, or attempted sex crime involving a minor? (If yes, explain below.) Yes _ No___
 2. Have you ever been a defendant in a civil action involving an act of child abuse, neglect or a sex crime involving a minor? (If yes, explain below.) Yes ___ No ___
 3. Other than the above, is there any other fact or circumstance involving you or something in your background that would call into question your being a coach, assistant coach or an official in this program? (If yes, explain below.) Yes _ No___

I hereby release and hold harmless First Baptist Church of Indianapolis, First Baptist Athletics, its employees and agents from any liability resulting from a background check, including a criminal history check on me.

I affirm that my answers above are true and correct and consent by signing below to a criminal history check, including but not limited to, a check of the Sex and Violent Offender Registry. I understand it is my responsibility and duty to notify the Director of First Baptist Athletics immediately should the answers to the above questions change during the time I serve as a volunteer for First Baptist Athletics.

Signature

Date