

\$35

# 2020 Start Smart Baseball



Dates: Mondays 3/9 – 4/13  
Time: 5:30-6:30pm  
Location: Riverbend Elementary

**\*must be 3 by 3/9/20**

Player First Name		Player Last Name		Birthdate	Gender Identification Male <input type="checkbox"/> Female <input type="checkbox"/>	
Medical concerns you wish to share or special requests						
Parent/Guardian First Name		Parent/Guardian Last Name			Birthdate	
Mailing Address				Email address		
Home Phone:				Cell Phone:		
Work Phone:				Carrier:		
Emergency Contact Name:				Emergency Contact Home Phone:		
Relationship to player:						
Payment Information: Check #      Cash      MC      Visa      P&R Credit      P&R Scholarship						
Amount:						
Name on Card: _____						
Card Number: _____						
Expiration Date: _____ CV: _____						
Signature: _____						
				*P&R Office Use Only*		
Date Received:				eTrak Receipt #		

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Start Smart Baseball is a six week, one hour per week instructional program that prepares children (through age 4) for the world of organized baseball without the threat of competition or the fear of getting hurt. **Children and the adult in their lives** participate in each session. Each child will receive a T-shirt. Parents work with their child in a supportive environment to learn the basic skills: throwing, catching, hitting, and agility. Start Smart's goal is to develop a child's basic interest in baseball, to increase their self-confidence and to help them find success in sports, all of which can lead to a lifetime of continued fitness and health.

**Refunds:** A refund or credit will be given if notification is received 3 full working days prior to the first session. For a medical cancellation, a physician's statement is required and a partial refund will be given, prorated to the date of the notification. If a P&R credit is requested, there is no service charge. If a refund is requested, there is a \$5 service charge per participant. Credit must be used 1 year from date of issue.

**Email & Cell phone:** your information will not be given to a third party platform. By giving us your information, you agree to receive emails from the P&R department, from your child's coach, and text message updates regarding the program you have signed up for.

**Photo Notice:** Occasionally, Parks & Recreation photographs participants enrolled in recreation programs, events or on P&R property. These photos are used for P&R purposes only and may be included in future P&R media. Your presence is your consent, without compensation from P&R to use your likeness.

**Time and Location**  
Valley – Mondays, 3/9-4/13 @ Riverbend Elementary  
**FIRST COME FIRST SERVED, SPACE IS LIMITED!**  
**For more information, please call the Parks & Recreation office at 586-5226.**  
**You can fax, mail or email in your registration forms!**  
**Fax: (907)586-4589**  
**Email: [parks.rec@juneau.org](mailto:parks.rec@juneau.org)**



## Start Smart Baseball Participation Assumption of the Risk, Release and Indemnification Agreement

In consideration of my being permitted by Juneau Parks & Recreation (hereinafter "P&R"), to participate in Start Smart Baseball activities, I agree to the following:

**I acknowledge there are** inherent risks in playing baseball. I am aware that when participating in baseball serious accidents occasionally occur and that participants occasionally sustain personal injury or death and/or property damage.

**Potential injuries from participating in baseball are** injuries to ankles, knees, and legs, along with other parts of the body due to running, jumping, quick and abrupt starts and stops, and the risk of injury as a result of being struck by another player or equipment. The gym court and surrounding areas of the court cannot be ensured to be free of defects, and that there is a risk of injury as result of tripping on an unknown hazard on or nearby the court itself. In addition to the above mentioned risks, there are unpredictable dangers involved in this sport.

**I acknowledge that** I am responsible for the proper use of all equipment. I agree to assume all the risks associated with the use of any equipment, whether it belongs to P&R or my own. I agree to pay attention to the state of the equipment and to advise P&R staff if I do any damage or notice any damage. I agree to abide by all P&R rules and if P&R staff makes a specific request of me, or gives instruction to me, I agree to comply.

**I understand** that P&R does not assume responsibility for the safety of my personal property while I am participating in Start Smart. I represent to P&R that there is no reason why I should not participate in Start Smart, such as any medical condition, which might affect my abilities to participate in Start Smart. **I agree that it is my responsibility to participate in Start Smart within my abilities.**

### Waiver and Release:

By my signature below and in consideration of my participation in Start Smart and use of the Start Smart equipment, or the use by the minor for whom I sign below, I waive and release the CBJ, its employees, and its agents from all liability, loss, and/or damage claim or cause of action, known or unknown, including but not limited to physical or mental injury, property damage, and wrongful death, that I may have against the CBJ, its employees, and its agents, for any and all injuries, damages, or death incurred in relation to my participate in gymnastics and/or use of gymnastics equipment, including those caused by the negligence of the CBJ, unless my injuries, damages or death is caused by the gross neglect of the CBJ or its employees or agents. **By signing this agreement, I intend to release the City from liability with respect to any damages or injuries caused by the unavoidable and inherent risks involved in playing Start Smart.** My signature below indicates that I have had sufficient opportunity to read this document and that I have read it, and that I understand it, and that I understand that it affects my legal rights, and the legal rights of any minor I am signing on behalf of, and I agree to be bound by these terms both for myself and as the legal guardian of the minor whose name appears below.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_