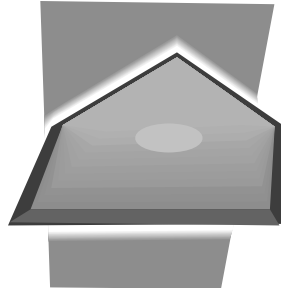
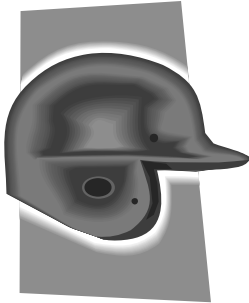


FALL BASEBALL

T-Ball, Coach Pitch, Machine Pitch & Player Pitch

***** Registration Deadline: Wednesday, August 1, 2007 *****



Register at Riverton Parks and Recreation, 12830 S 1700 W, Room E205, Phone: 208-3101
Office Hours: M-Th 8-6 pm, F 8-5 pm, *make checks payable to Riverton City

For more information, contact Rodney 208-3121 or randerson@rivertoncity.com

Join Riverton Parks and Recreation for our second annual Fall Baseball season.

Fee includes: 8 game season, shirt, hat & participation award

Divisions (age as of August 31, 2007) :

Game Days:

T-ball	3-4 year olds	\$35	Tue/Thu
Coach Pitch	5-6 year olds	\$35	Mon/Wed
Machine Pitch	7-8 year olds	\$40	Tue/Thu
Player Pitch	9-10 year olds	\$40	Mon/Wed
Player Pitch	11-12 year olds	\$40	Tue/Thu

***Please note: Game Days could change depending on the number of participants/teams in each age division.**

Season: Games begin the week of Aug. 20 and will be played through mid-Sep.

Times: Games will be played in the evenings starting as early as 5:00 pm.

Location: All games will be played at Riverton City Park, 12800 S 1500 W.

***** SEE REVERSE SIDE FOR REGISTRATION FORM *****

Riverton Parks and Recreation - 2007

Fall Baseball

2007 Fall Baseball - \$35/\$40 (17-1722)

Participant's Name _____ Years of experience _____ Gender: M F
Address _____ City _____ Zip _____
Birth Date _____ Age (as of August 31, 2007) _____ School Attending _____
Parent/Guardian Name _____ Phone (1) _____ (2) _____ (3) _____

Player would like to be on same team as, please list:

**Players wishing to play together must register together, otherwise request will be considered, but not guaranteed.*

**If 4 or more players request to play together they must provide a coach.*

**3-4, 5-6 & 7-8 year olds may register a whole team (12 players) together, but must provide a coach.*

**9-10 & 11-12 year olds may only request to play with a maximum 4 players.*

1) _____ 7) _____
2) _____ 8) _____
3) _____ 9) _____
4) _____ 10) _____
5) _____ 11) _____
6) _____ 12) _____

Division: ☐ 3/4 year olds ☐ 5/6 year olds ☐ 7/8 year olds ☐ 9/10 year olds ☐ 11/12 year olds

As a parent I would like to volunteer to help make the program successful: YES NO

Head Coach: _____ Phone (1) _____ (2) _____ (3) _____
Assistant Coach: _____ Phone (1) _____ (2) _____ (3) _____
Team Parent: _____ Phone (1) _____ (2) _____ (3) _____

Please read and sign MEDICAL CONSENT & RELEASE OF LIABILITY to complete registration.

As a participant or parent/guardian of the participant, I hereby consent that I/he/she may participate in Riverton Parks and Recreation Programs and I hereby state that the information contained herein is true and complete.

- RELEASE, INDEMNITY, TRANSPORTATION.** Recognizing the possibility of physical injury associated with participation in Riverton Parks and Recreation Programs, I hereby release and agree to hold harmless and indemnify Riverton City, associated organizations and personnel from and against any claims by or on behalf of the participant for any damage against any claim by or on behalf of the participant for any damage or injury he/she or I may suffer including legal fees, as a result of his/her or my participation in the program, including transportation to and from activities.
- EMERGENCY MEDICAL CARE.** I hereby give my consent for emergency medical treatment by Riverton City, its employees, agents or health care provider(s) designated by them, in accordance with their best judgment.
- INSURANCE.** I understand that I should have health and accident insurance to cover injuries arising from participation in the program(s).
- REFUND POLICY.** 1) \$10 of each registration fee is non-refundable to cover city administrative costs. Exception: in the case of a program cancellation participants will receive a full refund. 2) All participants requesting a refund must submit a written refund request to the Program Coordinator explaining why they are withdrawing from the program, participant's name, program name as well as name and address of person receiving the refund. In order to receive a refund the request must be received before the first class, lesson or game. If request is not received before the first class, lesson or game, no refund will be given. However, medical conditions or other special circumstances will be handled on an individual basis. 3) Refunds will not be given nor will fees be prorated based on missed classes, lessons or for missed, forfeited or games cancelled due to weather.



Signature _____ Date _____