

IKM LITTLE LEAGUE--2019

To: Parents of Prospective Softball, Baseball and T-Ball Players
From: Janette Hansen
Re: Registration for Summer Softball And Baseball Programs

In order to get started planning and organizing the IKM Little League season, I have attached registration forms and other necessary paperwork to get your son/daughter signed up if they are interested.

Tee Ball—We will try to play games against Manning, Templeton, Halbur, Westside (and other towns that are fairly close)

2nd and 3rd Grades—We probably will be playing Audubon, Schleswig, Avoca, Exira/EHK, Manning, Coon Rapids, maybe others that are fairly close

4th, 5th, 6th, and 7th Grades—We will again be in a league that includes: Audubon, Coon Rapids, Guthrie Center, Adair-Casey, Exira/EHK, Avoca, and Greenfield. Please keep in mind that not all age groups play all of these towns.

Ages/teams are as follows: BUT ****All groups are tentative – it will depend on numbers

Tee Ball—Preschool, Kdg and 1st grade

2nd and 3rd grade girls

2nd and 3rd grade boys

4th and 5th grade girls

4th and 5th grade boys

6th and 7th grade girls

6th and 7th grade boys

ALSO— Please let Janette Hansen know if you are interested in coaching any of the teams

Please complete the attached paperwork by **MARCH 20, 2019** and mail the forms to **Janette Hansen, 728 11th Ave., Manilla, IA, 51454.**

IKM Little League Sign Up
Deadline March 20, 2019

PLAYER'S NAME _____ BIRTHDATE _____

CURRENT GRADE _____

SHIRTS—The shirts will be the same as last year---dark green with WOLVES in white on the front and name and number on the back. If last years shirt still fits, you will not need to order a new shirt. Cost is \$12.

SHIRT SIZE: YM YL AS AM AL AXL or do not need a new shirt

MEDICAL RELEASE AND WAIVER: The Medical Release and Waiver forms need to be signed and returned for each child. The coaches carry these with them to games, etc.

PARENTS NAME _____

ADDRESS _____

E-MAIL ADDRESS _____

PHONE NUMBER _____

CELL PHONE NUMBER _____

Do you prefer to be contacted via texting? Yes no

FEES: \$12 FOR SHIRT (\$15 for late orders)—checks payable to Manilla Youth Athletic Committee
Payment for shirt must accompany order.

Please mail your completed paperwork (and shirt money if needed) by **MARCH 20, 2019** to :
Janette Hansen
728 11th Ave.
Manilla, IA, 51454.

If you have any questions, please call Mrs. Hansen at 712-269-7158, or email jhansen7158@gmail.com

Little League Baseball and Softball Medical Release

Player: _____ Date of Birth _____

Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E.R. Physician)

Family Physician _____ Phone _____

Address _____

Hospital Preference _____

In case of emergency contact:

Phone Relationship to Player Name

Phone Relationship to Player Name

Please list any allergies/medical problems, including those requiring maintenance medication

Medical Diagnosis	Medication	Dosage	Frequency of Dosage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Date of last Tetanus Toxoid Booster: _____

Mr./ Mrs./ Ms. _____
Authorized parent/Guardian Signature

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of _____ (name of player) being permitted to participate in the sport of baseball/softball and for other good and valuable consideration, I hereby agree to release and discharge from liability the Manilla Little League, its, owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (herein collectively referred to as "Releasees") arising from negligence which may be brought by or on behalf of the minor child/children or are in any way connected with such participation by said minor child/children, on behalf of myself and my child/children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that the sport of baseball/softball involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death and property damage. Risks include, but are not limited to, broken bones, torn ligaments, bruises, and other bodily injuries as serious as death, disability or blindness, caused by contact with baseballs, softballs, bats, other participants or structures like walls or fences, or caused by uneven ground,; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe, or that I am unable to participate due to physical or medical conditions, the I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so solely in the state where the Releasees facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that his activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and agree to be bound by its terms.**

Date _____ Player's Name _____

Signature of Parent/Guardian _____