



**FOOTHILLS ADAPTIVE BASEBALL LEAGUE
2010 PLAYER REGISTRATION FORM
(FEE: \$45.00 FINANCIAL AID AVAILABLE)**

EVERYONE BATS EVERYONE SCORES EVERYONE WINS:

There is something about playing the game of baseball that lights up a youngsters' eyes, but for children with physical and mental challenges, that opportunity can often go unfulfilled. The Foothills Adaptive Baseball League gives these children the purest form on a field designed and constructed just for their use. The games are played on a specialized field made from a rubberized synthetic surface-removing the common obstacles which have traditionally come into play. The field is 100% handicap accessible. *The Jason Jennings Mile High Miracle Field is located at Schaefer Athletic Complex, 9750 W. Hampden Avenue in Denver, Colorado.*

Recreational adaptive league baseball is a non-competitive game. During each game, each child hits the ball and scores a run. Adaptive League team members are assigned buddies who assist them in hitting the ball and "running" the bases. The buddies primary responsibility is to protect the player-allowing the children to do as much as they can, and provide assistance as needed.

All ages are welcome. If you have a child who wants to play Adaptive League Baseball, please fill out and return the registration form(s). Call Laura Rocchio 303.409.2506 for more information. **The 8 week 2010 season begins August 14, 2010.**

PLAYER'S NAME

PHONE NUMBERS

PLAYER'S ADDRESS

CITY/STATE/ZIP CODE

AGE

BIRTHDATE

SCHOOL

FULL NAME PARENTS/GUARDIANS

E-MAIL AND/OR FAX

PLAYER DISABILITY/TYPES OF ASSISTANCE NEEDED

(Please List Any Suggestions That Will Help Your Child's Buddy Make Their Game Experience More Enjoyable).

MOST APPROPRIATE BUDDY MATCH UP FOR THIS PLAYER? (check one)

____ ADULT, ____ SAME AGE PEER, ____ OLDER CHILD, ____ SIBLING, ____ PARENT

UNIFORM SHIRT SIZE

YOUTH (circle one choice) S M L ADULT (circle one choice) S M L XL XXL

LEAGUE CHOICE: ____ Youth Recreational ____ Youth Competitive ____ Adult Recreational (18+)

____ PAYMENT RECEIVED

____ RELEASE RECEIVED

MAKE CHECKS PAYABLE TO: FOOTHILL PARK & RECREATION DISTRICT & MAIL TO:
LILLEY GULCH RECREATION CENTER
ATTN: LAURA ROCCHIO
6147 S. HOLLAND WAY
LITTLETON, CO. 80123
PHONE 303.409.2506 FAX 303. 409.2540
laurar@fhprd.org



FALL 2010
FOOTHILLS ADAPTIVE BASEBALL
CHILD PLAYER REGISTRATION RELEASE FORM

Player's Name _____

In consideration for Foothills Park and Recreation District (FHPRD) providing the opportunity for my child player to participate in Foothills Adaptive Baseball (FAB) and participate in awareness campaigns, fund raising events and other activities for FAB and Sports Made Possible (SMP) (collectively, "League Activities"), the undersigned does hereby release and agree to indemnify and hold harmless FHPRD and SMP, their officers, directors, employees, agents and independent contractors from any and all claims for personal injury, death, property damage (including but not limited to attorney's fees or litigation expenses) resulting from my child player's participation in league activities. The undersigned also acknowledge, understand and recognize that there are inherent risks involved with League Activities. These risks may involve serious physical injury including catastrophic injury or even death.

I/We also grant to SMP the absolute right and permission to use, reuse, publish, re-publish, reproduce, copyright and make derivative works of photographs of my child player, made in any medium, for advertising of SMP and/or FAB events, and release and agree to hold harmless SMP and FHPRD from any liability by virtue of such use, reproduction and/or publication. I/We consent to the use of any printed matter in conjunction therewith and waive any right to inspect or approve the finished product or the advertising copy.

I/We agree to be present at all games and League Activities so that I/We can manage our child player's specific needs. I/We agree to have any and all medications (prescription and nonprescription) for my child player and shall be solely responsible for dispensing any such medication to my child player. I/We assume all risks and hazards incidental to such participation in FAB games and League Activities, and also consent for my child player to receive first-aid and/or emergency care by a qualified Emergency Medical Technician or physician or other person qualified to render medical assistance in the event my child player suffers an injury during games and activities.

I/We agree to provide complete information about my child player so that reasonable support may be provided by volunteers and/or FHPRD to my child player during games and League Activities.

I/we the undersigned represent that I/we have the full authority to provide this release and indemnification on behalf of my child player for all participation in League Activities.

Parent/Guardian Name(s) (Print)

Parent/Guardian Name(s) (Print)

X _____
Parent/Guardian Signature(s)

X _____
Parent/Guardian Signature(s)

Date Signed

Date Signed

E-Mail Address

E-Mail Address



FALL 2010
FOOTHILLS ADAPTIVE BASEBALL
ADULT PLAYER REGISTRATION RELEASE FORM

Player's Name _____

In consideration for Foothills Park and Recreation District (FHPRD) providing the opportunity for my adult player to participate in Foothills Adaptive Baseball (FAB) and participate in awareness campaigns, fund raising events and other activities for FAB and Sports Made Possible (SMP) (collectively, "League Activities"), the undersigned does hereby release and agree to indemnify and hold harmless FHPRD and SMP, their officers, directors, employees, agents and independent contractors from any and all claims for personal injury, death, property damage (including but not limited to attorney's fees or litigation expenses) resulting from my adult player's participation in league activities. The undersigned also acknowledge, understand and recognize that there are inherent risks involved with League Activities. These risks may involve serious physical injury including catastrophic injury or even death.

I/We also grant to SMP the absolute right and permission to use, reuse, publish, re-publish, reproduce, copyright and make derivative works of photographs of my adult player, made in any medium, for advertising of SMP and/or FAB events, and release and agree to hold harmless SMP and FHPRD from any liability by virtue of such use, reproduction and/or publication. I/We consent to the use of any printed matter in conjunction therewith and waive any right to inspect or approve the finished product or the advertising copy.

I/We agree to be present at all games and League Activities so that I/We can manage our adult player's specific needs. I/We agree to have any and all medications (prescription and nonprescription) for my adult player and shall be solely responsible for dispensing any such medication to my adult player. I/We assume all risks and hazards incidental to such participation in FAB games and League Activities, and also consent for my adult player to receive first-aid and/or emergency care by a qualified Emergency Medical Technician or physician or other person qualified to render medical assistance in the event my adult player suffers an injury during games and activities.

I/We agree to provide complete information about my adult player so that reasonable support may be provided by volunteers and/or FHPRD to my adult player during games and League Activities.

I/we the undersigned represent that I/we have the full authority to provide this release and indemnification on behalf of my adult player for all participation in League Activities.

Parent/Guardian Name(s) (Print)

Parent/Guardian Name(s) (Print)

X _____
Parent/Guardian Signature(s)

X _____
Parent/Guardian Signature(s)

Date Signed

Date Signed

E-Mail Address

E-Mail Address



Foothills
Park & Recreation District

**FOOTHILLS PARK & RECREATION DISTRICT
FOOTHILLS ADAPTIVE BASEBALL and SPORTS MADE POSSIBLE
2010 VOLUNTEER REGISTRATION FORM
18 AND OLDER**

NAME _____ GROUP _____

DATE OF BIRTH: ___/___/___ (mm/dd/yyyy) AGE _____

ADDRESS _____

MAILING ADDRESS (if different) _____

CITY _____ STATE _____ ZIP _____

PHONE(H) _____ PHONE(Cell or Work) _____

E-MAIL ADDRESS _____

by entering your email address you agree to receive emails about volunteer information and special news about Sports Made Possible (Your email address is for the sole use of SMP & FHPRD).

I AM INTERESTED IN BEING A: COACH _____ BUDDY _____ TEAM MOM/DAD _____

I HAVE _____ YEARS EXPERIENCE WITH:

BASEBALL _____ YOUTH SPORTS _____ INDIVIDUALS WITH DISABILITIES _____

OTHER SPECIAL QUALIFICATIONS OR CERTIFICATIONS _____

REGISTRATION RELEASE FORM FOR VOLUNTEERS OVER 18 YEARS

In consideration for Foothills Park & Recreation District (FHPRD) and Sports Made Possible (SMP) providing the opportunity for me to participate with Foothills Adaptive Baseball (FAB) and SMP activities, the undersigned does hereby release and agree to indemnify and hold harmless FHPRD and SMP and their officers and directors from any and all claims for personal injury, death, property damage, or any type of claim or damage (including but not limited to attorney's fees or litigation expenses) resulting from my participation in FAB league games and/or SMP activities. I assume all risks and hazards incidental to such participation in FAB league games and/or SMP activities and consent to receive first-aid and/or emergency care in the event I suffer an injury during sanctioned games or activities.

I also grant to SMP & FHPRD the absolute right and permission to use, reuse, publish, re-publish, reproduce, copyright and make derivative works of photographs of me, made in any medium, for advertising of SMP and/or FAB events, and release and agree to hold harmless SMP and FHPRD from any liability by virtue of such use, reproduction and/or publication. I consent to the use of any printed matter in conjunction therewith and waive any right to inspect or approve the finished product or the advertising copy.

Signature _____ Date _____

PLEASE RETURN THIS COMPLETED FORM TO: LILLEY GULCH RECREATION CENTER
ATTN: LAURA ROCCHIO, 6147 S. HOLLAND WAY, LITTLETON, CO. 80123
PHONE 303.409.2506 - FAX 303.409.2540 laurar@fhprd.org