

2024 Chisholm/Balkan Youth Baseball/Softball Registration

City of Chisholm Parks & Recreation Department

PLAYER INFORMATION:

Childs Name: _____ Birthdate (mm/xx/yyyy): _____

Address: _____ City: _____ Zip code: _____

Phone: _____ Email: _____

Health Concerns: _____

Gender: Female Male

Shirts, YOUTH SIZES: SM 6/7 MED 8/10 LG 10/12 XL 14/16

My child will try out for:

Baseball Softball



T-ball Transition Minors Majors Juniors Legion Softball

PARENT/GUARDIAN INFORMATION:

Parent/Guardian #1

Name: _____ Phone: _____ Email: _____

Occupation: _____ Volunteer Yes No : If yes, fill in "Volunteer Application"

Parent/Guardian #2

Name: _____ Phone: _____ Email: _____

Occupation: _____ Volunteer Yes No : If yes, fill in "Volunteer Application"

Make all checks payable to Chisholm Youth Baseball/Softball

CONCUSSION TRAINING FOR PARENTS:

Much emphasis has been placed on concussion awareness and training. The link below is a short training session for concussion awareness. It is strongly advised for all parents to take this 20-minute training.

<http://www.cdc.gov/concussion/HeadsUp/Training/HeadsUpConcussion.html>

CHISHOLM PARKS & RECREATION DEPARTMENT
CHISHOLM/BALKAN YOUTH BASEBALL/SOFTBALL
PARENTAL CONSENT/RELEASE OF LIABILITY

I/we, the undersigned, hereby certify that I/we are the parent or legal guardian of the minor participant named and identified herein (hereinafter "the participant"). I/we further certify that the participant is physically capable of participating in the activities undertaken in association with participation with the programs offered by the Chisholm Parks and Recreation Department/City of Chisholm (hereinafter CPRD) and all related activities.

I/we hereby give permission for the staff or agents of CPRD to seek appropriate medical treatment for the participant during the period of any activities wherein the participant is under the direction/supervision of CPRD or any staff member, agent, or contractor thereof, and for the participant to receive medical attention in the event of an accident, injury, disease or illness. By signing this consent and release I/we acknowledge that I/we are responsible for all costs of medical attention so provided.

By signing this consent and release I acknowledge that I/we understand that the primary activities undertaken by CPRD involve instruction and participation in. As with the participation in any other sport, there exists in the game of baseball/softball certain inherent risk arising from not only the nature of the game, but also from the participation of others in the games and activities. I/we on behalf of myself/ourselves and the participant named herein, knowingly, and freely assume all such risk, both known and unknown, including those that may arise out of the negligence of other participants.

Further, as a condition to participation in the programs/activities of CPRD I/we, for ourselves individually and on behalf of the participant, our heirs, executors, and administrators, hereby waive, release and forever discharge CPRD its governing board, directors, officers, agents, consultants, employees, independent contractors and volunteers, (collectively, the "Released Parties"), from any and all liability, claims, demands, actions, and causes of action arising out of or related to any loss, personal injury, disease, illness or property damage that may be sustained or occur during participation in (including periods of rest or other activities related to), associated with any activities undertaken pursuant to participation in the programs of CPRD and/or any duties or the breach of any duties that the Released Parties have or are alleged to have to the participant or the undersigned in connection with the participant's transportation to, transportation from, participation, lodging, meals and medical decisions relating to the heretofore referenced activities, whether or not such damages, injury or loss is due to the negligence, strict liability or other legal fault of one or more of the Released Parties.

Please sign and date this waiver and print your child's name. This form must be completed for your child to take part in any activities conducted by the City of Chisholm's Parks and Recreation Department.

Parent or Legal Guardian (Sign): _____ Date: _____

Child's name (Print): _____

CHISHOLM VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____ City: _____ Zip code: _____

Home phone: _____ Cellphone: _____ Date of Birth: _____

Email address: _____

Occupation: _____ Job title _____

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.): _____

Previous baseball/softball experience: _____

Do you have children in the program? Yes No If yes, what level? _____

Special Certificate: i.e., CPR, Medical, etc. _____

1. All coaches must complete Criminal Background Check
2. All coaches must complete Volunteer Waiver Form/Release of Liability Agreement
3. All coaches must complete and online Concussion Training

CONCUSSION TRAINING FOR PARENTS AND COACHES:

Much emphasis has been placed on concussion awareness and training. The link below is a short training session for concussion awareness. Please make sure you view this training video before coaching and return the certificate to the Parks & Rec. Department. It is strongly advised for all parents to take this 20-minute training.

<http://www.cdc.gov/concussion/HeadsUp/Training/HeadsUpConcussion.html>

**City of Chisholm
Volunteer Waiver
Release of Liability Agreement**

Volunteer Name: _____

Parent signature if participant is under 18 years of age: _____

Volunteer Position: _____

Date(s) of Activity(s): _____

This agreement is hereby made this _____ day of ___20___ by and between the City of Chisholm (hereinafter "City" or "the City") and the party whose name appears above and in the signature block below (hereinafter "Volunteer"). The purpose of this agreement is to make clear the relationship between the parties, and to establish certain protections for the benefit of the City.

WHEREAS, the City of Chisholm is a political subdivision and governmental unit duly formed and operated under the laws of the State of Minnesota; and

WHEREAS, this **Volunteer Waiver Release of Liability Agreement** shall be effective as of the date set forth above and shall be binding upon me, my successors, representatives, heirs, executors, assigns and transferees; and

WHEREAS, Volunteer wishes to donate time and effort on a volunteer basis; and

WHEREAS, Volunteer understands that said volunteer activities are or may be dangerous and do or may involve risks of injury, loss or damage. Volunteer further acknowledges that such risks may arise from a variety of foreseeable and unforeseeable circumstances connected with the volunteer activities; and

WHEREAS, it is not and has never been the intent of the City to partner, join, or create a common endeavor with Volunteer, and the parties expressly acknowledge that Volunteer shall not by virtue of the activities contemplated by this agreement create an employment, joint venture, joint enterprise, independent contractor, nor any other formal legal relationship with the City. The parties are completely independent of each other in all respects; and

WHEREAS, volunteer hereby agrees to hold harmless and indemnify the City of Chisholm from any and all claims of any nature whatsoever, including, but not limited to, personal injury and property damage, or loss of any nature arising from Volunteer's utilization of any city street, alleyway, right of way, or property in conducting its volunteer activities as contemplated in this Agreement.

VOLUNTEER:

CITY OF CHISHOLM:

By: _____

By: _____



CHISHOLM POLICE DEPARTMENT

Vernon J. Manner
Chief of Police

301 West Lake Street • Chisholm, MN 55719
Tel: (218) 254-7916 • Fax: (218) 254-7939

email: police@ci.chisholm.mn.us

RELEASE AUTHORIZATION OF CRIMINAL HISTORY AND DRIVER'S LICENSE HISTORY

I, _____,

Please Print Name: (Last, First, Middle)

DOB: _____ Sex: _____ Race: _____
(date of birth)

DL Number: _____

Have you resided in another state after age 18?

hereby authorize the Chisholm Police Department, acting on behalf of the City of Chisholm, to investigate my personal criminal history and driver's license history and status. I understand the results of said investigation may be consideration for the position of _____.

I understand that the release of this information to the Chisholm Police Department and City of Chisholm fully complies with the City Ordinance No. 30.16. Furthermore, this consent form and investigation conducted for employment purposes fully complies with Minnesota Statutes Chapter 13 regarding the collection, maintenance and use of the information.

Date: _____

Applicant's Signature