



South Zone Recreation Board (SZRB)  
Outdoor T-Ball & SoftBall Registration

**T-Ball & SoftBall Information**  
Coordinator: Natalie Arendt  
<http://www.szrb.ca>  
Email: southzoneball@accesscomm.ca

<input type="checkbox"/> T-Ball	Division 1: Age 2, 3	<input type="checkbox"/> T-Ball	Division 2: Age 4, 5
<input type="checkbox"/> SoftBall	Division 3: Age 6 – 8	<input type="checkbox"/> SoftBall	Division 4: Age 9 – 13
<input type="checkbox"/> SoftBall	Division 5: Age 14 – 18		

Player's Name (First/Last)	Gender	Date of Birth MM/DD/YYYY	Age
	M F	/ /	

Parent/Guardian Name  Home/Cell Phone Number(s)

Street Address  Postal Code

Email Address(es)

Coaching: Coach  Assistant Coach  Equipment Manager

First and Last Name:  Email Address:

Player(s) or Coach(es) I would like to play with:

Color T-Shirt I wore in previous season(s):

Cost		
Early Registration (Ends December 31 of each year)	\$40.00	
Regular Registration (January 1 to March 31 of each year)	\$45.00	
Late Registration (April 1 to June 30 of each year)	\$55.00	\$
Community Membership <input type="checkbox"/> I already have one # Or <input type="checkbox"/> I need one	\$ 5.00	\$ 5.00
Total Cost <input type="checkbox"/> CASH Or <input type="checkbox"/> CHEQUE PAYABLE TO <b>SZRB</b>		\$

All communication handled by email

**Registrations can be mailed to: 3052 Grant Road, Regina SK, S4S 5G7**

# Waiver

## INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT

**By executing this document, you will assume certain risks and responsibilities. Please read carefully.**

1. This is a binding legal agreement. As a Participant in the activities, programs and events of South Zone Recreation Board (collectively the "Activities"), the undersigned, being the Participant and their Parent(s)/Guardian(s), acknowledge and agree to the following terms:

### Disclaimer

2. The South Zone Recreation Board and its Directors, Officers, organizers, committee members, members, employees, coaches, volunteers, officials, participants, agents, sponsors, owners/operators of applicable facilities, and representatives, and their heirs, executors, children, parents, guardians, next of kin, executors, administrators and legal or personal representatives (collectively the "Organization") are not responsible for any injury, property damage, expense, loss of income, damage or loss of any kind suffered by a Participant during, or as a result of, the Activities.

### Description of Risks

3. The Participant is participating voluntarily in the Activities. In consideration of the Participant's participation in the Activities, the Parties hereby acknowledge that they are aware of the risks, dangers and hazards associated with or related to the Activities and may be exposed to such risks, dangers and hazards which can be severe and even fatal. The risks, dangers and hazards include, but are not limited to, injuries from:

- a) Any sport or program of the South Zone Recreation Board;
- b) Executing strenuous and demanding physical techniques;
- c) Vigorous physical exertion, strenuous cardiovascular workouts and rapid movements;
- d) Exerting and stretching various muscle groups;
- e) Entering and exiting the field of play;
- f) Extended time in adverse weather conditions;
- g) Extreme weather and temperature conditions which may result in dehydration, heatstroke, sunstroke or hypothermia;
- h) Falls to the ground due to uneven or irregular terrain or surfaces;
- i) Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
- j) Contact, colliding, falling or being struck by equipment, other participants, or equipment;
- k) Collisions with fences, poles, stands, and other equipment;
- l) Spinal cord injuries which may render me permanently paralyzed; and
- m) Travel to and from events which are an integral part of the Organization's Activities.

### Release of Liability

4. In consideration of the Organization allowing the Participant to participate in the Activities, the Parties agree:

- a) That the Participant's physical condition has been verified by a medical doctor to participate in the Activities;
- b) To freely accept and fully assume all such risks, dangers and hazards, and possibility of personal injury, death, property damage, expense and related loss, including loss of income, resulting from the Participant's participation in the Activities;
- c) To forever release the Organization from any and all liability for any and all claims, demands, actions and costs that might arise out of the Participant's participation in the Activities.

### Acknowledgement

5. The Parties acknowledge that they have read this agreement and understand it, that they have executed this agreement voluntarily, and that this agreement is to be binding upon themselves, their heirs, executors, administrators and representatives.

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Printed Name of Participant

Signed Name of Participant

Date

Complete if under 18 years of age

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Printed Name of Parent or Guardian

Signed Name of Parent or Guardian

Date

### Note:

**Photographs of individuals may appear on the website.**