



INDIANOLA BASEBALL



For Girls and Boys going into 1st – 5th Grade

Learn the fundamentals of baseball with community role model volunteers this summer! If you're looking to strengthen your baseball skills or play organized baseball for the first time – this is the perfect opportunity for you! You will learn throwing, catching, fielding, teamwork, batting, as well as play games.

PRACTICE TIMES/DATES

May 26 – June 30
Wednesdays
5:30 – 7:00 p.m.

LOCATION

Pickard Park Field #1
2205 E 2nd Ave
Indianola, IA 50125

THIS IS NOT A SCHOOL DISTRICT PUBLICATION

It is being distributed through the school district as a community service to inform you of other community activities or services.

GUARANTEE YOUR SPOT REGISTER ONLINE

We **STRONGLY** encourage you to complete the online registration process to **GUARANTEE** your spot at the clinic. **DUE TO COVID-19, OUR OUTDOOR CAPACITY IS 50 ON A FIRST-COME, FIRST-SERVE BASIS.**

The link can be found at
<https://canplaysports.org/opportunity/>.

PARENT VOLUNTEERS NEEDED

Your children love having you involved at this age and so do we. We need more volunteers and we hope you can be a part of our team. Come early – help us set up, stay late, help us tear down, help at a station, be a translator ... anything you do helps us keep our costs down and increases our ability to offer more clinics.

MEAL PROVIDED

At the conclusion of each practice a meal will be provided.

Make sure to list any dietary restrictions on the registration form.

INVOLVEMENT GUIDELINE

Please make your child aware that we will not tolerate any form of bullying, teasing, rough housing ... should this happen, we will pull the child out who is not being respectful and acting in the best interest of our sport. Our volunteers deserve an engaging experience, as do all players.

OUR CLINICS ARE MADE POSSIBLE BY THE SUPPORT OF COMPANY GRANTS, ORGANIZATION DONATIONS AND MANY INDIVIDUAL VOLUNTEER HOURS



The Andrew Giving Fund
Share with God's people who are in need. Practice hospitality.



NCMIC

W.T. and Edna M.
Dahl Trust

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info@canplaysports.org

PARENTAL / GUARDIAN CONSENT FORM, RELEASE AND REGISTRATION

Services are provided to those who wish to gain skill & enjoyment from sports. Out of respect for our volunteers & our participants, this is designed to be a safe & clean experience. Appropriate language, behaviors & clothing are expected. Children not exhibiting these behaviors will be removed from the program to sit out. Should this occur on numerous occasions, they may be removed from our programs. Volunteers & sponsors will not be held responsible for any behaviors of participants, nor for watching the participants. Parents/guardians are encouraged to stay & watch their participant, although not required, & must be on time for pick up. A phone number must be provided where parent / guardian could be reached in the event of an emergency.

THIS IS AN APPLICATION FOR ENROLLMENT in the Can Play Opportunity programs for the participants listed below. I request that you accept the application for enrollment in the Can Play Opportunity programs.

MEDICAL RELEASE: I grant permission to the program's director and volunteers of the program to act on my behalf for the said minor in granting permission for evaluation and treatment of minor medical problems. I understand that should a major medical problem arise; an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give my consent to such medical treatment as deemed necessary by a licensed physician.

HOLD HARMLESS: In addition, I hereby release, indemnify and hold harmless Can Play, its employees, representatives, agents, directors, officers, sponsors and volunteers, with respect to any and all injury, disability, death or loss or damage to person or property, whether caused by negligence or otherwise, from all claims, present or future, on account of any injuries which may be sustained by any of the participants listed below while attending Can Play Opportunity programs.

PHOTOGRAPHY: I grant to Can Play, its representatives and employees the right to take photographs of the participants listed below in connection with their programs. I authorize Can Play, to copyright, use, and publish the same in print or electronically. I agree that Can Play may use such photographs of the participants listed below with or without their name for any purpose, including for example such purposes as publicity, illustration, advertising, and web content.

THIS RELEASE shall be binding to the fullest extent permitted by law. If any provision of this Release is found to be unenforceable, the remaining terms shall be in force. This release shall be interpreted in accordance with and governed in all respects by the laws of the State of Iowa in Polk County, Iowa.

2021 Indianola Baseball Participant Name(s)	Age	Grade	Please list food restrictions	T-Shirt Size	
				Youth	Adult
				S M L XL	S M L XL
				S M L XL	S M L XL
				S M L XL	S M L XL

IMPORTANT: Check for approval to receive clinic-related text messages.

☐ I authorize Can Play to send **text messages** to my cell phone to communicate clinic-related information. I understand that standard text messaging rates will apply to any messages received from Can Play. I also understand that I may revoke this permission in writing at any time. I agree not to hold Can Play liable for any electronic messaging charges or fees generated by this service. I further agree that in the event my cell phone number changes I will inform Can Play.

I HAVE READ THIS RELEASE, AND I FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature of Parent / Guardian

Print Name

Contact Phone Number

Contact Email

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of Can Play Opportunity programs, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Releasees or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless Can Play, their staff, coaches, volunteers, board members, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (Releasees), with respect to any and all illness, disability, death, or loss or damage to person or property, whether arising from the negligence of Releasees or otherwise, to the fullest extent permitted by law.
5. **I willingly agree to bring attention of a planned absence to Can Play's staff in advance of the programs practices. Shall the absence be due to Covid-19 symptoms and/or coming into contact with a Covid-19 patient in the last 14 days, I hold my participant and myself honest and responsible to bring such attention to Can Play's staff immediately, to ensure the safety and well being of all other participants.**

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my participant including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my participant understands and accepts these risks and responsibilities. I for myself and participant do consent and agree to his/her release provided above for all the Releasees and myself and participant do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor participant's presence or participation in these activities as provided above, even if arising from the Releasees' negligence, to the fullest extent provided by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature of Parent / Guardian

Print Name

Participant(s) Name

Date