

Notes to file _____



Returning to Santa Fe AABC Program

Return to same team _____

Enter Draft – *By entering draft you acknowledge that your child may be selected by any team/coach.*

New to Santa Fe AABC Program

Team requesting: _____

Please note that requesting a team does not guarantee placement on that team.

Amount: \$ _____ Cash Check No: _____ Other _____

INTRODUCTION

The Santa Fe AABC is a program of competitive baseball/softball for boys and girls. Headquarters are located at Ragle Ballpark, Santa Fe, NM 87505; phone 505-239-6091; email president@santafeaabc.org; The affairs of Santa Fe AABC are managed by a duly elected board of directors. Santa Fe AABC is sanctioned by the American Amateur Baseball Congress (AABC) and is a member of the South Plains Region.

MISSION STATEMENT

Santa Fe AABC is a not for profit, all volunteer youth sports organization dedicated to providing and developing a quality baseball/softball program for the youth of this community.

OBJECTIVES

The objectives and purposes for which Santa Fe AABC is formed are as follows: (1) to engage in teaching and encouraging participation in the sport of baseball/softball (2) to assist in combating juvenile delinquency by promoting the physical and emotional well being of young people by interesting them in participating in the game of baseball/softball (3) to further sportsmanship and the importance of physical activity in their lives, and (4) to carry on competitive games and exhibits in the City of Santa Fe and the State of New Mexico.

RULES OF CONDUCT FOR COACHES, PARTICIPANTS, PARENTS/GUARDIANS AND SPECTATORS

Any person(s) participating in Santa Fe AABC in any capacity (coach, participant, parent, sponsor, spectator, or official) is strictly prohibited from consuming any alcoholic beverages and/or drugs/controlled substances on any practice or game field before, during, or after any practice or game or any other team related function. It should also be noted that alcohol and/or drugs/controlled substances are not permitted on the Santa Fe AABC facilities at any time. Additionally, the use of profanity, physical abuse, verbal abuse (including demeaning another team), hitting, kicking, or taunting any individual will not be tolerated by Santa Fe AABC. Any violation of these policies by any Santa Fe AABC participant will be dealt with swiftly and severely by the Santa Fe AABC President or his designee without exception! **Violation of any of the policies described above may result in the temporary or permanent disbarment of the offending individual from any participation in Santa Fe AABC.**

MEDICAL

Santa Fe AABC does not require your participant to have a physical check up by a physician to participate in the program. However, Santa Fe AABC does strongly suggest that a physical check up be performed to determine your participant's physical suitability to compete in the program. Furthermore, you agree as the parent or legal guardian of the participant, to hereby give your consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the participant.

AGREEMENT

By signing this form, I acknowledge I have read and completed and by my signature my child (participant) and I fully understand and agree to the conditions of the **Program Registration, the Medical Release, Release of Liability and Parental Consent Agreement.** Furthermore, both the parent(s)/guardian(s) and the participant acknowledge, understand and agree to abide by all rules, policies and procedures of the Santa Fe AABC, the New Mexico AABC, the National AABC Rule Book and the Major League Baseball Rule Book. These policies, procedures and rules can be changed without notice at the discretion of the Santa Fe AABC board of directors. If any part of the registration form is held to be unenforceable, such holding will not affect the validity or enforceability of any other part of this form so long as the remainder of the form is reasonably capable of completion.

_____ Date _____
Parent/Guardian Signature

Athlete's Name: _____
First Last

Parent/Guardian Name: _____
Email

Phone: _____
Cell Work Home

Age Groups:

Baseball - Age on April 30, 2021 _____ Birth Date: ____/____/____ Age Verified by: _____

Softball - Age on December 31, 2020 _____ Birth Date: ____/____/____ Age Verified by: _____

Development Programs
\$55

- 3-4 Carew (T-ball)
- 5-6 Carew (coach pitch)

Baseball Programs
\$55

- 7-8 Clemente
- 9-10 Mays
- 11-12 Reese

Softball Programs
\$55

- 7-10 A (coach pitch)
- 10-12 AA

ADDITIONAL INFORMATION REQUIRED ON BACK →→→→→

RELEASE OF LIABILITY - READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Santa Fe AABC Baseball/Softball Program, its related events and (Name of Organization/Team) activities, I, _____, the undersigned, acknowledge, appreciate, and agree that:
(Name of Participant)

- 1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury 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. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and,
- 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE AMERICAN AMATEUR BASEBALL CONGRESS AND Santa Fe AABC Baseball/Softball Program, (Name of Organization/Team) their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted 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 IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

x _____ Age: _____ Date Signed: _____
PARTICIPANT'S SIGNATURE

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

x _____ Emerg. Phone # (s) : _____ Date Signed: _____
PARENT/GUARDIAN'S SIGNATURE