

BROOKLYN YOUTH ASSOCIATION

Fredrick Fulford, Chairperson; Norma Branch, President; Leroy Branch, Treasurer

422 Pacific Street ; Brooklyn, New York 11217 ; Telephone: (917) 658-6773 ; (917) 496-4221

REGISTRATION FORM (page 1 of 2)

EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:

(2 pages)

DATE: _____

CHILDS NAME: _____ DATE OF BIRTH: _____

SHIRT SIZE: _____ PRIOR YEARS EXPERIENCE: _____

PARENT(S) NAME(S): _____

ADDRESS: _____ TEL. NO.: _____

CITY & ZIP: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT NAME & PHONE NUMBER: _____

MEDICAL: Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition?

Yes or No.

If yes, please state condition:

REGISTRATION FEE: \$50.00 * made payable to the Brooklyn Youth Association.

*REGISTRATION FEE IS NON-REFUNDABLE UNLESS SEASON IS CANCELLED.

(continued on second page)

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REGISTRATION FORM (page 2 of 2)

EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:

Emergency Authorization: I, the undersigned parent or legal guardians of the above player, a minor, hereby authorize the coaches, team parents, the above-identified Emergency Contact and/or other Brooklyn Youth Association officials to act as my agents in the capacity of activity supervisors and vehicle drivers, and to consent to medical, surgical or dental examination and/or treatment.

Disclaimer, Assumption of Risk and Waiver: I, the undersigned parent or legal guardian of the above player, a minor, for myself and on behalf of the above player, our heirs, assigns and next of kin, acknowledge that participation in softball necessarily involves travel, play in adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. For me, and on behalf of the above player, our heirs, assigns and next of kin, we willingly and voluntarily accept and assume all such risk.

For myself and on behalf of the above player, I further acknowledge that the Brooklyn Youth Association is primarily administered by volunteers rather than paid professionals. For myself and on behalf of the above player, he/she and I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and, if he/she or I observe any unusual significant concern in his/her readiness for participation and/or in the program itself, I will remove him/her from participation and bring such concern to the attention of the coach as soon as possible.

In consideration of accepting the registration and permitting the voluntarily participation of the above-named participant in its programs, for myself and on behalf of the above player, our heirs, assigns and next of kin, I hereby release, discharge and agree to hold harmless the Brooklyn Youth Association, its employees, volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees or other persons or entities allowing, permitting or authorizing the use of facilities by the Brooklyn Youth Association and the agents, employees, officers and directors of said persons or entities from any and all claims, demands, costs expenses and compensation arising out of or in anyway related to any injury or other damage that may result to said participant or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any Brooklyn Youth Association sponsored event, including any physical or other injury caused by the negligence of any person or entity described above.

Acknowledgement and Consent: I acknowledge that the Brooklyn Youth Association may compile and use addresses and baseball photographs of the named individual. I consent to such uses and hereby waive all rights to compensation.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND ACKNOWLEDGEMENT AND CONSENT AGREEMENTS, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND THE ABOVE PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT FOR MYSELF AND ON BEHALF OF THE ABOVE PLAYER.

Please review your information on page 1 and 2 for completeness and accuracy.

Parents Signature: _____ Date: _____

