



# 2015 Omega Delta Youth Baseball League Registration Form



	Player Name(s)	Date of Birth	Age	Sex (M/F)	New Player (Y/N)	If No, previous team	School	Regist. Fee	Early Reg. Disc.	Sibling Disc.	Total
1											
2											
3											
4											

Parent Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Subtotal	
Less Payment	(      )
Balance Due	_____

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

I/WE, the parent(s) of the above named candidates for a position in the 2015 Omega Delta Youth Baseball League, hereby give my/our approval to participate in any and all program activities, including transportation to and from the activities.

In consideration of being allowed to participate in any way in the Omega Delta Youth Baseball League, related events and activities, the undersigned acknowledges, appreciates and agrees that;

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 rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I/WE 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/our child's participation; and,
3. I/WE willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I/WE observe any unusual significant hazard during my/our child's presence or participation, I/WE will remove my/our child from participation and bring such to the attention of the nearest official immediately; and,
4. I/We hereby consent to have my child photographed, video taped, audio taped and/or interviewed by the Omega Delta Youth Baseball League or one of its authorized agents. I also consent to the League's use of my child's photograph or likeness or voice on the Internet or on an information/marketing CD or on any other electronic/digital media. It is understood and I agree that no monies or other consideration in any form, including reimbursement for any expenses incurred by me or my child, will become due to me, my child, our heirs, agents, or assigns at any time because of my child's participation in any of the above activities or the above described use of my child's photograph, likeness or voice.
5. I/WE, for myself/ourselves and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the program organizers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event(s) ("RELEASEES"), WITH RESPECT TO ANY CLAIMS, DEMANDS, ACTIONS, COMPLAINTS, SUITS, OTHER FORMS OF LIABILITY 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/WE HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent(s) or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_



## 2015 Omega Delta Youth Baseball League Medical History & Emergency Contact Form



	Date of Birth	Age	Please list any allergies, restrictions, medical conditions and/or medications
1			
2			
3			
4			

*Please Note: The ODYBL Staff are prohibited from administering any medications to children, this is solely the responsibility of the parents. Medications sent with a child for self administering, must be clearly labeled and safely contained.*

### EMERGENCY CONTACT INFORMATION

In the event of any emergency or if we are unable to reach anyone listed below, ODYBL Staff will act on your behalf. Please list others authorized to act on your behalf:

Names	Relationship	List phone numbers in the order of priority
1 <sup>st</sup>		
2 <sup>nd</sup>		
3 <sup>rd</sup>		
4 <sup>th</sup>		

### INSURANCE INFORMATION

Name of family hospitalization plan \_\_\_\_\_ Group/Policy # \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

### INFORMED CONSENT & AUTHORIZATION for EMERGENCY TREATMENT and TRANSPORTATION

1. I understand that I will be notified if my child, listed on this form, becomes injured and/or ill while participating with ODYBL.
2. I agree that upon notification of my child's injury and/or illness, I will have her/him picked up immediately.
3. In case of emergency or when I cannot be reached, I hereby give authorization to the ODYBL staff to contact other parents, legal guardians and/or emergency contact people listed on this form. If no one listed on this form can be reached, then I hereby give authorization to the ODYBL staff and the treating physician to obtain or provide whatever medical treatment and/or transportation deemed necessary for the immediate welfare of my child, listed above.

**Condition of participation:** I have read, understand and agree to the terms and conditions listed on this Medical History and Emergency Contact Form. I understand it is my responsibility to provide accident and health insurance coverage for my child and I will be financially responsible for all charges and fees for emergency medical treatment and/or transportation, regardless of whether my medical insurance covers such charges and fees.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_