



BC BASEBALL LEAGUE: *WHERE COMPETITIVE PLAYERS PLAY!*
2010 FALL PLAYER REGISTRATION FORM



The parent(s) or guardian of each player who will participate in the BC Baseball League during the 2010 Fall Season must complete this form. The Head Coach of each team is required to turn in this form, along with a copy of each player's birth certificate, before players are allowed to play in any league games for their team. Please copy the birth certificate to the back of this form.

PLAYER'S NAME: _____

DATE OF BIRTH: _____ **AGE:** _____ **GRADE:** _____
LIST MONTH, DAY AND YEAR OF BIRTH AS OF APRIL 30, 2011 FOR 2010-11 SCHOOL YEAR

PLAYER'S ADDRESS: _____

CITY/STATE/ZIP: _____

FATHER'S NAME: _____ **E-MAIL:** _____

HOME PHONE: _____ **WORK PHONE:** _____

MOTHER'S NAME: _____ **E-MAIL:** _____

HOME PHONE: _____ **WORK PHONE:** _____

TEAM NAME: _____

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the BC Baseball League program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in the 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 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 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 the BC Baseball League**, its officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct events ("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.**

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.

SIGNED: _____ **DATE:** _____
PARTICIPANT'S SIGNATURE

This is to certify that I, as parent with legal responsibility for this participant, do consent and agree to his/her release as provided above all of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify 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 their negligence.**

SIGNED: _____ **DATE:** _____
PARENT/GUARDIAN SIGNATURE

INSURANCE COMPANY: _____

POLICY NUMBER: _____