

FLINT COALITION FOR YOUTH BASEBALL-SOFTBALL LEAGUE APPLICATION AND MEDICAL WAIVER/CONSENT FORM

T- BALL: ___ MACHINE PITCH: ___ BASEBALL: ___ SOFTBALL: ___ COED SOFTBALL: ___

PLAYER INFORMATION

Name: _____
(First) (Middle initial) (Last)

Birth Date: _____ School: _____ Grade: _____

Permanent Address: _____
(Number) (Street)

City: _____ State: _____ Zip Code: _____

Ethnic Origin: Asian: ___ Black: ___ Hispanic: ___ Native American: ___ White: ___ Other: ___

Name of Parent(s) or Guardian(s) (Circle One): _____

Address: _____
(Number) (Street) (City) (State) (Zip Code)

Telephone Number: (Home) (____) _____ (Work): (____) _____ Email: _____

In Case of Emergency, Notify.... (If above person can't be reached listed above).

Name: _____ Relationship: _____

Address: _____
(Number) (Street) (City) (State) (Zip Code)

Telephone: (Home) (____) _____ (Work) (____) _____ (Email): _____

Insurance and Medical Information

Health Insurance Name: _____

Address: _____
(Number) (Street) (City) (State) (Zip Code)

Name of Physician or Clinic that you usually consult for medical care: _____

Address: _____ Phone Number: (____) _____

PERMISSION FOR TREATMENT

If your son / daughter is a minor (under 18 years of age), you as a parent or legal guardian must sign this consent form so that the Flint Coalition For Youth Baseball-Softball League can help to provide appropriate diagnosis and treatment and provide emergency health service procedures maybe promptly carried out with no unnecessary delay. Without a signed permission for treatment, your minor son / daughter unless an emergency exists or her/his presenting condition is exempted from requiring parental or guardian consent and / or notification. Even with a signed permission for treatment. We will contact and fully inform you as a parent(s) or legal guardian(s) before performing any major diagnostic / treatment procedure except in an emergency. It should be understood that under that under certain circumstances your son / daughter will be transported for diagnosis and treatment.

I certify that the foregoing information is true and complete to the best of my knowledge. I realize that the information that has been given in the medical history section is confidential. I give my permission to the Flint Coalition For Youth Baseball-Softball League to furnish such diagnosis, therapeutic, voluntary immunization, and operative procedures and transportation as may be deemed necessary for my son / daughter who is under the age of 18 years old. I am aware of that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me as to the result of treatment of examination.

Signature of Father / Guardian Signature of Mother /Guardian Date

Player's Signature Date

FLINT COALITION FOR YOUTH BASEBALL-SOFTBALL LEAGUE APPLICATION AND MEDICAL, PLAYER RELEASE & WAIVER FORMS

In consideration of _____ (the "Player" having been provided with the opportunity to participate in the Flint Coalition For Youth Baseball-Softball League, the Player and her/his parent(s) or legal guardian(s) hereby voluntarily agree as follows:

RELEASE FROM LIABILITY AND COVENANT NOT TO SUE: each player and her/his parent(s) or legal guardian(s) agrees, for herself/him and her/his personal representatives, executors, administrators, heirs, next of kin, successors and assigns, to release and forever discharge the FLINT COALITION FOR YOUTH BASEBALL-SOFTBALL LEAGUE. Each parent(s) or legal guardian(s) or entity are responsible for transporting the Player to or from the FLINT COALITION FOR YOUTH BASEBALL-SOFTBALL LEAGUE activities, and all of the respective past and present league partners (direct and indirect), officers, directors, employees, committees and volunteers of each of the foregoing (collectively, "the Releasees"), from, and waive in respect of each Releasee and covenant not to sue any Releasee for, any and all liabilities, losses, damage costs, expenses (including, but not limited to attorneys fees and expenses), actions, causes of action, suits, obligations judgments and claim of any nature whatsoever (collectively, the "Liabilities") arising from, based upon or relating to personal injury or death to, or damage to or loss of property of, the Player or her/his parent(s) or legal guardian sustained in connection with the Player's participation in the FLINT COALITION FOR YOUTH BASEBALL-SOFTBALL LEAGUE. Such release, discharge, waive and covenant not to sue shall include, but not be limited to, any and all such Liabilities caused in whole or in part by the negligence of any Releasee in connection with such Releasee's involvement with the FLINT COALITION FOR YOUTH BASEBALL-SOFTBALL LEAGUE (for example, in connection with such Releasee's training, instructing or league activities of personnel).

PLAYER ASSUMES RISK, Each of the Player and her/his parent(s) or legal guardian(s) is aware of and understands the inherent risks and dangers of t-ball, machine pitch, baseball, softball or coed softball and the potential for injury that exists when participating in this activity, and agrees to assume all risk of and responsibility for personal injury or death to, or damage to or loss of property, the Player arising from, based upon or relating to the Player's participation in the FLINT COALITION FOR YOUTH BASEBALL-SOFTBALL LEAGUE. Such assumption of risk includes, but is not limited to, any personal injury or death, or damage to or loss of property, arising from, based upon or relating to the lack of skill of any Player, the improper conduct of any Player and the acts or omissions of any umpires, league partners, employees, volunteers, coach or staff members, and any personal injury or death, or damage to or loss of property, caused in whole or in part the negligence of and Releasee. Each of the Player and her/his parent(s) or legal guardian(s) understands and agrees that, in the event of any injury to Player, none of the Releasees will be responsible for any decisions relating to medical treatment for Player or for such treatment it.

RIGHT OF PUBLICITY, Participation in the FLINT COALITION FOR YOUTH BASEBALL-SOFTBALL LEAGUE shall constitute permission to use the name, likeness or any other identification of the Player for advertising, publicity, instructional or any other purposes in connection with the FLINT COALITION FOR YOUTH BASEBALL-SOFTBALL LEAGUE or the business of any of the Releasees, in any medium, at any time and from time to time, without compensation to or right of prior review or approval by the Player or her/his parent(s) or legal guardian(s). Each of the Player and her/his parent(s) or legal guardian(s) agrees, for herself/himself and her/his personal representatives, executors, administrators, heirs, next of kin, successors and assigns, to release and discharge each Releasee from to waive in respect of each Releasee, and not to sue any Releasee for, any and all Liabilities arising from, based upon or relating to any claim for invasion of privacy, violation of rights of publicity, defamation or appropriation, or any similar claim, in connection with any such use.

MISCELLANEOUS, This release, discharge, wavier and covenant not to sue shall be governed by and construed in accordance with the laws of the State of Michigan, without regard to conflict of the laws principles Michigan shall be the sole jurisdiction for all disputes. If any portion of this release, discharge, waiver and covenant not to sue shall be held invalid or unenforceable, the remaining portion hereof shall not be affected thereby and shall remain in full force and effect.

REPRESTATIONS, Each of the Player and her/his parent(s) or legal guardian(s) states that she/he has had full opportunity to ask any questions regarding the FLINT COALITION FOR YOUTH BASEBALL-SOFTBALL LEAGUE that she/he may have, that she/he has read and understands this release, discharge, waiver, and covenant not to sue (or that the parent(s) or legal guardian(s) has read and understands this release, discharge, waiver and covenant not to sue, and has explained it to the Player) and that she/he has been given the opportunity to review this release, discharge, waiver and covenant not to sue with any she/he chooses, including a lawyer, and has done so to the extent she/he wishes to do so. Each of the Player and her/his parent(s) or legal guardian(s) further states that the player has been examined by a doctor within the past six months and is in good physical condition, is physically fit to participate in the FLINT COALITION FOR YOUTH BASEBALL-SOFTBALL LEAGUE and is not subject to any medical condition that poses or may pose risk of harm or disability to others. We acknowledge that our league informational application, medical, waiver/consent and release forms was formatted by the MLB RBI and ROOKIE programs forms information that we have been associated with for many years and is formatted to our local league appropriate requirements.

_____	_____	_____
Name of Player (Please Print)	Signature of Player (If Possible)	Date
_____	_____	_____
Name of Parent or Legal Guardian (Print)	Signature of Parent or Guardian	Date
_____	_____	_____
Name of Witness (Please Print)	Signature of Witness	Date