

YOUTH PLAYER REGISTRATION Cash _____ Check _____ Check# _____ By _____

Organization: ROCKY HILL Sport: BASEBALL Division: _____

Player Information:

Last Name: _____ First: _____ MI: _____ Birth Date _____

Address: _____ City: _____, TN ZIP _____

School: _____ Grade: _____ Seasons in this sport: _____ Seasons in other sports: _____

Played on the Rocky Hill _____ team in Spring 2010 in the (5,6) (7,8) (9,10) (11,12) (13,14) age group.

Do you have medical insurance? Yes No Carrier: _____ #: _____

Doctor's Name: _____ Phone: _____

Please list any medical condition(s), disabilities, present injuries, heart or respiratory illness or other conditions that may affect this child's ability to play: _____

Father/Guardian

Last Name: _____ First: _____ Home Phone: _____

E-Mail Address _____ Work Phone: _____ Cell: _____

Mother/Guardian

Last Name: _____ First: _____ Home Phone: _____

E-Mail Address _____ Work Phone: _____ Cell: _____

I am interested in volunteering for: _____ Coach _____ Asst. Coach _____ Team Parent _____ Other: _____
league commission _____

Emergency Authorization

If there is an emergency during participation in this program and I or another parent or guardian is not present, I authorize treatment and/or care at any hospital and I hereby authorize the volunteers and staff of this program as my agents. If I can't be reached please contact the following person who is hereby authorized on my behalf:

Emergency Contact: _____ **Phone:** _____

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:

To accept registration and permit participation in Knoxville City programs by the named participant, I, the parent or guardian of the participant, hereby give my consent and agree to release, indemnify, and hold harmless Knoxville City, its officials, coaches, representatives and volunteers from any claim arising out of injury to the named participant. For myself and on behalf of my heirs, assigns and next of kin, I acknowledge that participation in this program may include travel, participation on adverse field conditions, and risk of physical injury or death. For myself and on behalf of my heirs, assign the next of kin, I willingly and voluntarily accept and assume all such risks of participation. I hereby release, discharge and agree to hold harmless Knoxville City, its employees, volunteers, officials, sponsors and other representatives from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to any injury or other damage that may result to the participant while participating in the Knoxville City sponsored activity.

Insurance Acknowledgement

I acknowledge that Knoxville City provides limited, secondary medical insurance to serve as a supplement to my primary medical insurance and will serve as primary coverage only in the event I have no medical insurance (please see Knoxville City for limits of insurance coverage and deductible).

The below signed parent or legal guardian has read and understood the above information.

Signature of Parent or Guardian: _____ Date: _____