Youth Registration Baseball/Softball

Student's Name: _____

Current Grade: _____ Age: _____ Male/Female - circle one

Parent's Name: _____

Address: _____

Parent's Phone Numbers: _____

E-mail Address: _____

Emergency Contact (other than parents):

Name: _____ Phone number: _____

List any medications: _____

List any medical conditions: _____

Shirt Size: _____

Permission to post pictures on the EYS FB Page: YES / NO

Transportation Available: YES / NO

EYS uses the Remind App for all communication from coaches to parents.

Essex Youth Sports is under the direction of the City of Essex. Please return all forms to the school or City Hall. Direct all questions to your coach or any EYS board member. If you are interested in coaching, applications are at City Hall.

Office Use Only:
Date Paid: _____ Check #: _____ Cash: _____ Player Expectation Form Signed: _____

WAIVER AND RELEASE OF LIABILITY

In consideration of the Essex Youth Sports furnishing services, equipment and volunteers to enable my child to participate in the Essex Youth Sports, I agree as follows:

I fully understand and acknowledge that: (a) risks and dangers exist in my child's participation in the Essex Youth Sports activities; (b) his/her participation in such activities may result in an injury including but not limited to bodily injuring, disease, strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or ailments that could cause serious disability, (c) these risks and dangers may be caused by the negligence of the volunteers, employees, officers, or agents of the Essex Youth Sports; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (d) by my child's participation in these activities, I hereby assume all risks and dangers and all responsibilities for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the Essex Youth Sports sponsors, the City of Essex, volunteers, agents, officers, or by any other person.

I, on my child's behalf, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify the Essex Youth Sports and its sponsors, volunteers, agents, officers, and other persons involved with the Essex Youth Sports from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my child's participation in the program's activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the sponsors, the City of Essex, volunteers, agents, officers, or any person involved in the Essex Youth Sports.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT, AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE THE ESSEX YOUTH SPORTS PROGRAM AND ITS SPONSORS, THE CITY OF ESSEX, VOLUNTEERS, AGENTS, OFFICERS, AND ANY OTHER PERSON INVOLVED IN THE ESSEX YOUTH SPORTS FROM LIABILITY FOR MY CHILD'S INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

_____ _____

Print Child's Name Date

_____ _____

Parent/Guardian Signature Print Parent/Guardian Name