



Player Registration Form

Agreement to Participate, Waiver and Release of and from Liability, Covenant Not to Sue, Indemnification and Consent to Medical Treatment

Player Information

Full Name:
FIRST LAST

Address:
STREET ADDRESS APARTMENT/UNIT #

CITY ZIP CODE

Home Phone: Grade:

Birth Date: Current Little League / Cal Ripken League:

Emergency Contact:
FIRST LAST

Parent Information

Parents' Names:
FIRST LAST FIRST LAST

Email Addresses:

Cell Phones:

I/we, the undersigned, parent(s) or legal guardian of a minor player named above, acknowledges, agrees and understands that: (1) My/our child's participation as a member of the Marin Sports Academy ("MSA") program is voluntary and of his/her own free will and (2) I/we and my child understand that there are certain risks and hazards involved in participating in sporting activities including, but not limited to, those hazards associated with weather conditions, playing conditions, equipment and other participants in addition to the acts of running, jumping, stretching, sliding, diving and collisions with other players and stationary objects, all of which can cause serious injury or death to my/our child and to other players which we understand could result by example only, and certainly not by limitation, in broken bones, dislocations, torn tendons, torn ligaments, brain damage, spinal and back injury, permanent paralysis, or other serious personal injury and even death.

I/we, the undersigned do hereby represent, warrant and acknowledge to be the lawfully authorized parent(s) or legal guardian(s) of the above-named player desiring to play with the MSA and, knowing that this document will be relied upon do hereby give my/our approval for the player named hereinabove to participate in any and all MSA activities, including transportation by others to and from the activities.

I/We further understand and acknowledge that protective and other safety equipment and apparatus provided for my child's protection, including the participation of a coach or staff member may be inadequate to prevent certain injuries and that they do not prevent all injuries to players. Neither my child/player nor I are under any obligation by MSA or its agents or representatives to participate in these activities or programs, nor am I or my child/player being paid to do so.

My child/player's interest is solely in the sport and/or activity for his own self improvement and enjoyment and I/WE FULLY ACCEPT AND ASSUME ALL SUCH RISKS IN THESE PURSUITS AND ASSUME ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES on my own behalf and on behalf of my child. I/We, individually and on behalf of the player named above, hereby expressly state that we not only agree but understand the full implication in agreeing to assume all risks and hazards, known or unknown, that are either directly or indirectly associated with said player's participation in MSA activities, including risks and hazards associated with transportation to or from such activities. I also represent that my child is in good and sufficient physical condition to participate in MSA activities, tournaments, camps, programs, classes, practices, scrimmages and/or competitions. Further, in consideration for allowing my child/player to use the facilities used by the MSA, equipment and/or participate in MSA activities, tournaments, camps, programs, classes, practices, scrimmages and/or competitions, on behalf of myself and my child and each of our respective heirs, administrators, next of kin, executors and successors, we hereby COVENANT that:

(1) we voluntarily elect to accept and solely assume all risk of damages and injury, including death, incurred or suffered by me or my/our child (a) while practicing or playing as a member of the MSA, (b) while serving in a non-playing capacity as a team member or observer during practice or play by other teams or by other players on my team and;

(2) I/we forever release, discharge, waive, absolve, agree not to sue and agree to hold harmless, defend and indemnify the MSA, its coaches, representatives, organizers, directors, sponsors, supervisors, participants, managers, umpires, referees, volunteers, and other players and parents, as well as persons transporting my/our child to and from MSA activities and any persons or entities involved in MSA activities, or any owner or lessee or lessor of fields on which the MSA practice or play, or any person or entity connected with the team, league or field with respect to and for any claim, damages, costs (including attorneys and/or experts fees and costs), demands, or causes of action which I/we have or may have in the future as a result of or in any way related to, whether directly or indirectly, to injury or death sustained or incurred by me or the above named player from whatever cause, whether the result of negligence, breach of contract or the wrongful conduct of the parties released or for any other cause in addition to any loss of personal property due to theft or otherwise.

I/We do hereby authorize the MSA, its managers or coaches, as agents of the undersigned, to consent to any x-ray examination, anesthetic, medical, dental, surgical diagnosis, treatment or care, as well as hospital care which are deemed advisable by and is to be rendered by a medical technician, paramedic, licensed physician, surgeon or dentist. This authorization is given in advance of any specific diagnosis, treatment or hospital care being required to provide authority and power on the part of my/our agent to give specific consent to any and all diagnosis, treatment or hospital care which is deemed advisable in our absence. This authorization is given pursuant to the provisions of Section 25.8 of the California Civil Code or Section 6910 of the California Family Code, and shall remain effective until revoked in writing.

Players Appearing in Promotional Materials: the Marin Sports Academy often uses photographs taken at its events, including camps and games in promotional materials. If you DO NOT wish your child to appear in our promotional materials, please contact us immediately. I/We understand this approval to participate in MSA activities shall remain effective until expressly revoked by me/us in writing.

I/WE ACKNOWLEDGE THAT I/WE HAVE READ AND THAT I/WE UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS AGREEMENT TO PARTICIPATE, WAIVER AND RELEASE OF AND FROM LIABILITY, COVENANT NOT TO SUE, INDEMNIFICATION, PHOTO RELEASE

Parent or Legal Guardian Name:

Parent or Legal Guardian Name:

Parent or Legal Guardian Signature: Date:

Parent or Legal Guardian Signature: Date:

Bombers Baseball Academy
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#253 Greenbrae, CA 94904