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Cherokee County / Centre Dixie Youth Registration Form

PLAYER FULL NAME:		
(FIRST)	(MIDDLE) (LA	AST)
DATE OF BIRTH: AGE	:(AS OF April 30, 2018)	M / F (Circle One)
ADDRESS:		·
PARENT / GUARDIAN:	PHONE:	
PARENT / GUARDIAN:	PHONE:	
EMAIL ADDRESS:	Are you willing to co	oach?
SHIRT SIZE:YOUTH OR ADULT (XS, S, M, L, XL,2XL,3XL) (CIRCLE ONE Medical Problems:	HAT SIZE: (YOUTH OR ADUL	Y OR A
Insurance Information: Did this child play DYB last year? Yes / No Team name and division: T-ball,		
Parental Authorization I, parent or guardian of the above name in any and all league activities during the currincidental to such participation including transwaive, release, absolve, indemnify and agree to organizers, sponsors, supervisors, participants activities, for any claim arising out of an injurcovered by accident and / or liability insurance. I also grant permission to managing per authorize and obtain medical care from any lie should the player become ill or injured while home or at other times when neither parent is treatment. I will furnish a certified birth certification officials.	rent season. I assume all risk a sportation to and from activities to hold harmless the local organization, and persons transporting the ry to the player, except to the exe held by the local organization resonnel or other organization recensed physician, hospital or reparticipating in league activitic available to grant authorization	and hazards es; and do hereby anization, the player to and from extent and amount on. representative to medical clinic es away from on for emergency
Signature of parent / guardian	Relationship to player	Date

Minor Waiver/Release

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS READ BEFORE SIGNING

IN CONSIDERATION OF
Name Of Minor Child/Ward in the ing allowed to
participate in any way in the Cherokee Co/Centre Dixie Youth related events and activities, the
Legal Name Of Your Sports Program, Ex: League Name undersigned acknowledges, appreciates, and agrees that:
1. The risk of injury to my child/ward from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline management reduce this risk, the risk of serious injury does exist; and,
2. I FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES others, and assume full responsibility for my child/ward's participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If observe any unusual significant concern in my child/ward's readiness for participation and/or in the program itself, I will remove my child/ward from the participation and bring such attention of the nearest official immediately; and.
4. I for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS_Cherokee Go/Centre Dixie Youth
its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my shild/great's install.
WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHER WISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child's/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my child's/ward involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISE, AGREEMENT, FUELY INDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.
PÁRENT/GUARDIAN SIGNATURE) (PRINT NAME)
Pate Signed:
INDERSTANDING OF RISK: understand the seriousness of the risks involved in participating in this program, my personal responsibilities for thering to rules and regulation, and accept them as a participant.
dhering to rules and regulation, and accept them as a participant.
- (PARTICIPANT SIGNATURE)
ate Signed: (PRINT NAME)