



# 2011 DETROIT YOUTH BASEBALL LEAGUE

## BASEBALL & HS BASEBALL REGISTRATION FORM



Orchards  
Children's Services

### SECTION I: PARTICIPANT INFORMATION

PLEASE PRINT VERY CLEARLY!

Participant Name: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Participant's Email Address: \_\_\_\_\_

Team/Coach Request (optional): \_\_\_\_\_

Health Conditions/Prescription Meds: \_\_\_\_\_

Does the child have health insurance:  No  Yes

Shirt Size (circle one): Youth Sizes: S M YL XL Adult Sizes: S M L XL 2XL

Pants Size (circle one): Youth Sizes: S M YL XL Adult Sizes: S M L XL 2XL

### SECTION II: PRIMARY PARENT/GUARDIAN INFORMATION (Primary parent will receive emails, phone calls, and mailings)

Name: \_\_\_\_\_

Relationship to Participant:  Father  Mother  Other \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

I can volunteer to be a:  Coach  Asst. Coach  Team Mgr.  Event Assistant

### SECTION III: SECONDARY PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_

Relationship to Participant:  Father  Mother  Other \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### SECTION IV: EMERGENCY CONTACT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

**Office Use Only** Date: \_\_\_\_\_ Received By: \_\_\_\_\_  Birth Certificate

Form of Payment: \_\_\_\_\_ Amount Paid: \_\_\_\_\_  Special Fee  D/E \_\_\_\_\_

Think Detroit PAL Office - 111 West Willis, Detroit, MI 48201 - Phone: 313.833.1600 - www.thinkdetroitpal.org

**THE REGISTRATION FEE IS NON-REFUNDABLE! - SIGNATURES ARE REQUIRED ON BACK**



**RELEASE OF LIABILITY FOR MINOR PARTICIPANTS  
READ BEFORE SIGNING**

IN CONSIDERATION OF \_\_\_\_\_ (insert name of participant), my minor child/ward ("My Child"), being allowed to participate in any way in the Detroit Youth Baseball League (a program sponsored by Think Detroit PAL and Orchards Children's Services), related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1. The risk of injury to My Child 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 may reduce this risk, the risk of serious injury does exist; and
- 2. I, for myself, my spouse, My Child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, Think Detroit PAL, Orchards Children's Services, 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 Child's involvement or participation in this program, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE; and
- 3. FOR MYSELF, MY SPOUSE, AND MY CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for My Child's participation; and
- 4. I, for myself, my spouse, My Child, 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 involvement or participation in these programs, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law; and
- 5. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in My Child's readiness for participation and/or in the program itself, I will remove My Child from participation in the program and bring such to the attention of the nearest official immediately; and
- 6. I grant to Think Detroit PAL and Orchards Children's Services, and their trustees, advisors, staff, volunteers, agents, successors, licensees, and assigns, the irrevocable right and license to use video, to use photographs, to edit or crop photographs, and to use or authorize the use of such photographs or videos or any portion of them in any manner or media at any time in perpetuity, and to use My Child's name, likeness, biographical or other information concerning him/her in connection therewith, including promotion in all media. I agree to hold Think Detroit PAL and Orchards Children's Services harmless against any liability, loss, or damage resulting from the use of My Child's photographs, and I hereby release and discharge Think Detroit PAL and Orchards Children's Services and their trustees, advisors, staff, volunteers, sponsors, agents, successors, licensees, and assigns from any and all claims in connection with such use of photographs; and
- 7. If I am unable to provide transportation for My Child, I give permission for My Child to be driven by Think Detroit PAL and/or Orchards Children's Services and their staff and/or volunteers, including parents of participants. I assume full responsibility and I hold harmless Think Detroit PAL and Orchards Children's Services and their trustees, advisors, staff and volunteers from any and all claims related to such transportation.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
(Parent/Guardian Signature) (Date) (Print Name)

**Certification of Child's Fitness and Medical Authorization:**

I hereby certify that to the best of my knowledge, My Child is physically fit and able to safely participate in the sports activity for which he/she has been registered.

\_\_\_\_\_  
(Parent/Guardian Signature) (Date) (Print Name)