



2012 DETROIT YOUTH BASEBALL LEAGUE

T-BALL & COACH-PITCH 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: _____

Have you had any child(ren) play previously in any Think Detroit PAL sports? Yes No

Team/Coach Request (optional): _____

Health Conditions/Prescription Meds: _____

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)