

Meadows Valley Youth Sports 2018



Co-Ed T-Ball Ages 4-6

Co-Ed Baseball Ages 7-8, 9-12

Please fill out registration form and medical release forms at New Meadows City Hall. Coaches will notify players of practice dates and times. If you have any questions, contact City Hall at 347-2171.

MEADOWS VALLEY YOUTH SPORTS 2018 REGISTRATION FORM

Check One: **T-Ball** **Baseball**

Participant Information:

Participant Name: _____ Age: _____ Birthday: _____

Participant Address: _____

Home Phone: _____ Cell Phone: _____

Parent Guardian Name(s): _____

Parent Guardian Email: _____

Emergency Contact #1 _____ Phone #'s _____

Emergency Contact #2 _____ Phone #'s _____

Emergency Contact #3 _____ Phone #'s _____

Registering for (Please Check One), or write age if above grade 8: _____

Co-Ed T-Ball Ages 4-6

Baseball Ages 7-8 Ages 9-12

Please indicate T-Shirt Size:

Youth (Small) Youth (Medium) Youth (Large) Youth (X-Large)

Adult (Small) Adult (Medium) Adult (Large) Adult (X-Large)

Cost: \$20.00 T-Ball & \$25.00 Baseball

(Price includes insurance, field prep, umpire costs and t-shirt)

Make Checks Payable to the City of New Meadows Youth Sports Program

PLEASE RETURN REGISTRATION FORM AND MEDICAL RELEASE FORMS TO CITY HALL BY THE APRIL 20, 2018 SIGN UP DEADLINE. LATE SIGN UPS MAY BE ACCEPTED UNTIL THE END OF MAY, BUT NO T-SHIRT WILL BE INCLUDED. COACHES WILL NOTIFY PLAYERS OF PRACTICE DATES AND TIMES. IF YOU HAVE ANY QUESTIONS CONTACT CITY HALL AT 347-2171 UNTIL A YOUTH DIRECTOR IS FOUND.

**TEAM SPONSORS STILL NEEDED (\$200 SUGGESTED)
DONATIONS ACCEPTED!**

By allowing my child to participate in the 2018 Youth Sports season, I realize that there are risks of injury or death associated with participation and do hereby agree for myself and my child to assume any and all liability for any such risks. I acknowledge that this program is run entirely by volunteers and for myself and my child I release the City of New Meadows and Meadows Valley School their employees and agents and all volunteers from any liability.

Parent/Guardian Signature: _____

Date: _____

**City of New Meadows / Meadows Valley Recreation Department
Youth Sports Medical Release Form**

Player Name: _____ Age: _____
Address: _____ City: _____ Zip: _____
Parent/Guardian Name(s): _____
Home Phone: _____ Work Phone: _____
Emergency Contact: _____ Phone: _____
Contacts Relationship: _____
Child's Doctor: _____ Phone: _____

Known Allergies:

(Include medicine, food, bee stings, etc.)

Current Medications:

(Any related information that would assist in safe treatment)

Sport(s) currently participating:

WAIVER OF LIABILITY, MEDICAL RELEASE, AND INDEMNIFICATION AGREEMENT

I hereby voluntarily permit my child to participate in the Meadows Valley Recreation Department's youth sports program.

I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS BELOW.

Parent / Guardian Initial Here: _____

(Form continues onto next page - registration is not accepted until all forms are read and signed)



WAIVER OF LIABILITY, MEDICAL RELEASE, AND INDEMNIFICATION AGREEMENT
CONTINUED...

As consideration for being permitted by the City of New Meadows to participate in these activities, I hereby release and hold harmless The City of New Meadows, New Meadows Recreation Department, Meadows Valley School District, New Meadows City staff, volunteers, designated coaches, and program officials and supervisors from all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury to my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with my child's participation. I further agree that this waiver, release and assumption of risks is to be binding on the heirs and assigns of the undersigned.

I further agree to indemnify and to hold The City of New Meadows (its officers, employees, agents and volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I or my child may cause or sustain while participating in this activity.

In case of a medical emergency, I hereby give permission to Recreation Staff and Volunteers to order treatment for my child, including any necessary medical treatment and x-rays. I also hereby give permission to Recreation Staff and Volunteers to disclose the information contained on this form to medical personnel. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses which my child or I may incur as a result of such treatment.

The City of New Meadows does not disclose your nonpublic personal medical and financial information, except as required or permitted by law. The City also does not provide any medical or other insurance protection or benefits (unless purchased for specified activities) for those who use recreational equipment or engage in activities on City premises.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE CITY OF NEW MEADOWS AND SIGN IT OF MY OWN FREE WILL.

Parent/Guardian Signature: _____

Date: _____