



**2017 REGISTRATION, WAIVER & RELEASE**

Player Last Name: \_\_\_\_\_ Player First Name: \_\_\_\_\_

Player Date of Birth: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: (if different) \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: (if different) \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**WAIVER:**

I/We as parent(s) or guardian(s) of (Player's Name) \_\_\_\_\_ (further referred to as the player) in consideration for being permitted by the Folsom Baseball Club to participate in practice, try-outs, activities, programs and baseball games in which the Folsom Baseball Club is involved, hereby waive, release and discharge any and all claims for damages for personal injury, death and property damage as a result of participation in said activities, which I/we and/or the player may have, or which may hereafter accrue to any of the aforementioned persons. This release is intended to discharge in advance of said activities, the Folsom Baseball Club, the Folsom Cordova Unified School District, Folsom Recreation and Park District and all officers, agents, employees, sponsors, coaches, players and participants of these organizations from any and all liability arising out of or connected in any way with my/our son/daughter's participation in said activities even though liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that the aforementioned activities involve an element of risk and danger of accidents, including but not limited to the possibility of being struck by a pitched, batted or thrown ball; knee or leg injuries from running or sliding, or other such dangers that would be expected in the game of baseball; and knowing those risks, hereby assume those risks on the part of the player and the undersigned(s). It is further agreed that this waiver, release and assumption of risks is to be binding upon all heirs, relations and assigns of the player. I/we agree to indemnify, without regard to the alleged or actual negligence (active, passive or sole negligence included) of the above-named organizations, persons or entities, and to hold the above-named organizations, persons or entities free and harmless from any loss, liability, damage, cost or expense, including but not limited to attorney fees and court costs, which they may incur as the result of property damage, death of or any injury to the noted player sustained while participating in the activities denoted herein.

I/we hereby consent that my/our son/daughter participate in the above activities and I/we hereby execute this agreement on his/her behalf. I/we state that said minor child is physically able to participate in said activities. I/we hereby grant permission to managing personnel of the Folsom Baseball Club to authorize and obtain emergency medical care from any licensed physician, hospital or medical clinic should the player become ill or is injured while participating in the denoted activities when neither parent nor legal guardian is available to grant permission for emergency care.

**SIGNATURES:**

PARENT(s)/Guardian(s):

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

FBC Registration # \_\_\_\_\_

Division/Age Group \_\_\_\_\_