

Plum City Youth Sports Registration Form

Family Information

Participant Name		
Name of Parents		
Phone Contact #s		
E-mail Addresses		

Additional person who can be called in an emergency:

Name			
Relationship		Phone #	

Physician to be called in emergency:

Doctor		Phone #	
Dentist		Phone #	
Action to be taken if physician can't be reached			

Medical insurance information:

Name & Plan or Policy #	
Name of Insured	

Allergies or other medical limitations:

Permission to participate: I attest to the fact that the above named participant had no injury or illness serious enough to warrant a medical evaluation prior to participating in this program or have provided a Dr: release. I acknowledge I have a responsibility to notify Plum City Youth Sports of any changes in my child's health or health requirements. Until such time as I give notice in writing, Plum City Youth Sports may rely on this Release and authorization to permit my child to participate in sports.

Parents Signature: _____ Date: _____

Permission for medical treatment: Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care- for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance. In case of accident or emergency, I authorize my child's caregiver or other authorized adults to take my child to the above-named physician or to the nearest hospital, for emergency treatment I authorize the administration of measures as are deemed necessary for the safety and protection of the child.

Parents Signature: _____ Date: _____

PLEASE READ CAREFULLY BEFORE" SIGNING:

A REGISTRATION AND AGREEMENT PURPOSE: In consideration of the payment of a fee and the signing of this agreement, I, the following listed individual, and parent or legal guardian, thereof, if a minor, do hereby-voluntarily request and agree to participate in Plum City Youth Sports, and that this student/participant will participate today and on all future dates.

Participant Name:		Age:	
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B. AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS: This agreement shall be legally binding upon me the registered student/participant, and the parents or legal guardians, thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives and it shall be interpreted according to the laws of the state of Wisconsin. If any clause, phrase or word is in conflict with state law, then that single part is null and void. The terms "STUDENT" and or "PARTICIPANT" shall herein refer to a person who is involved in activities related to PLUM CITY YOUTH SPORTS. The terms "I", "ME", "MY", shall herein refer to the above registered student/participant and the parents or legal guardians, thereof if a minor.

C. - ACTIVITY RISK CLASSIFICATIONS: I understand that Softball/Baseball may involve RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. Related injuries can be severe, requiring medical attention or hospital admittance and may result in more lasting residual effects.

D. NATURE OF ACTIVITY: I understand that PLUM CITY YOUTH SPORTS chooses activities selectively and follows safety precautions.

E. STUDENT/PARTICIPANT RESPONSIBILITY: I understand that upon participating in events associated with this group/organization, the student/participant safety largely depends upon his/her ability to carry out simple instructions. I agree that the student/participant shall be responsible for his/her own safety.

F. CONDITIONS OF NATVRE: I understand that PLUM CITY YOUTH SPORTS is not responsible for total or partial acts, occurrences, or elements of nature. SOME EXAMPLES ARE: Thunder, lightning, rain, wind, wild or domestic animals, insects, reptiles, which may walk, run, fly near or bite/sting the student/participant Irregular footing out of door groomed or wild land, which is subject to constant change in condition according to weather, temperature and natural and man made changes in landscape.

G. ACCIDENT/MEDICAL INSURANCE: I agree that should emergency medical treatment be required, I and/or my own accident/medical insurance company' shall be liable to pay for all such incurred expenses.

H. LIABILITY RELEASE: In consideration of PLUM CITY YOUTH SPORTS allowing my participation in activities, under the terms set forth herein, I, the student/participant and the parent or legal guardian, thereof a minor, do agree to hold harmless and release PLUM CITY YOUTH SPORTS, it's owners, agents, employees, officers, members, premises owners, coaches, volunteers, and affiliated organizations from legal/liability due to ordinary negligence, and I do further agree that except in the event of gross and willful negligence, I shall bring no claims, demand, action and causes of action, and/or litigation against PLUM CITY YOUTH SPORTS and ITS ASSOCIATES as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of PLUM CITY YOUTH SPORTS, to include while being involved in the activity or otherwise being. near the activity owned by or in the care custody and control of PLUM CITY YOUTH SPORTS.

All student/participants, parents, or legal guardians must sign below after reading this entire document.

SIGNER STATEMENT OF AWARENESS:

I/WE THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISK I/WE FURTHER ATEST THAT ALL FACTS RELATING TO THE APPUCATIONS PHYSICAL CONDITION, EXPERIENCE AND AGE-ARE TRUE AND ACCURATE.

SIGNATURE OF PARENT/LEGAL GUARDIAN (IF UNDER 18) OR STUDENT/PARTICIPANT

DATE PLEASE PRINT STUDENT/PARTICIPANT'S NAME

STREET ADDRESS CITY STATE ZIP