West Garden Grove Youth Baseball

League Age / Try out Number
/

Registration Form

Player

Last Name	First Name	MI	Suffix	Div. played LAST YEAR	Today's Date

Did not play at WGG last year

Home Telephone	Street Address	Unit #	City	State	Zip

Birth Date	Age	School Name	Medical Insurance Carrier

All-Star Commitment
If my child is chosen to play on an all-star team, I agree to make him/her available at all games and practices. If they are unable to be present at all games and practices, WGGYB may remove them from the team.

Emergency Contact	Emergency Telephone	Physician Name	Physician Phone

Initial Here [ ]

Father/Guardian

WGGYB is an all volunteer organization.

Last Name	First Name	MI	Suffix	Business/Employer

Preferred Phone		Preferred Email Address
	Home Cell	

I can help:
Manage Team Rep
Coach Field Maint.
Umpire
Other _____

Mother/Guardian

WGGYB is an all volunteer organization.

Last Name	First Name	MI	Suffix	Business/Employer

Preferred Phone		Preferred Email Address
	Home Cell	

I can help:
Manage Team Rep
Coach Field Maint.
Umpire
Other _____

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? Yes No
If Yes, please specify: _____

Youth Baseball does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference, or religious preference.

Emergency Authorization:
I, the undersigned parent or legal guardian of the above player, a minor, hereby authorize the coaches, team parents, the above-identified Emergency Contact and/or other West Garden Grove Youth Baseball (WGGYB) officials to act as my agents in the capacity of activity supervisors and vehicle drivers, and consent to medical, surgical or dental examination and/or treatment.

Disclaimer, Assumption of Risk and Waiver:
I, the undersigned parent or legal guardian of the above player, a minor, for myself and on behalf of the above player, our heirs, assigns and next of kin, acknowledge that participation in Youth Baseball necessarily involves travel, play in adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained, or torn muscles, tendons, or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. For myself, and on behalf of the above player, our heirs, assigns and next of kin, we willingly and voluntarily accept and assume all such risk.

For myself and on behalf of the above player, I further acknowledge that WGGYB is primarily administered by volunteers rather than paid professionals. For myself and on behalf of the above player, he/she and I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and, if he/she or I observe any unusual significant concern in his/her readiness for participation and/or in the program itself, I will remove him/her from participation and bring such concern to the attention of the nearest official immediately and also the regional commissioner as soon as possible thereafter.

In consideration of accepting the registration and permitting the voluntary participation of the above-named participant in its programs, for myself and on behalf of the above player, our heirs, assignees and next of kin, I herby release, discharge and agree to hold harmless WGGYB, its employees, volunteers, officials, sponsors and other representatives from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to any physical injury or other damage that may result to said participant while participating in any WGGYB sponsored event, including any physical or other injury caused by the negligence of any person while performing his/her duties at any time.

Acknowledgement and Consent: For both internal and external use, I acknowledge that WGGYB may compile and use addresses and Youth Baseball photographs of the named individual. I consent to such uses and hereby waive all rights to compensation.

I have read the above emergency authorization, disclaimer, assumption of risk and waiver, and acknowledgement and consent agreements, fully understand the terms of each, understand that I and the above player have given up substantial rights by my signing this form and agreeing to these terms, and I sign this form and agree to these terms freely and voluntarily and without inducement for myself and on behalf of the above player.

Age Ver.	Res. Ver.	Check #	Fee	Amt. Pd.

Parent Signature _____