

# La Canada Junior Baseball Softball Association

## 2010 PLAYER AGREEMENT & RELEASE

### INSTRUCTIONS:

*If you are registering by mail, complete and mail this form with your Mail-In Registration Form and fees. If you are registering on-line, bring completed form to tryouts or (if not trying out) to first team meeting.*

Player's Name:	Player's Date of Birth:
Parent/Guardian Name:	Parent/Guardian Name:

La Canada Junior Baseball Softball Association ("LCJBSA") is a non-profit youth sports organization run entirely by volunteers, many of which are your friends and neighbors. LCJBSA's many volunteers work hard to create youth sports programs that provide quality instruction in a safe and fun environment. In furtherance of these objectives, and in consideration for the right to allow your child to participate as a member of a LCJBSA team, we ask that all parents/guardians acknowledge and agree to the following:

- I have read and discussed with my child a copy of the LCJBSA Code of Conduct, a copy of which is available on the LCJBSA website at [www.lacanadasports.net](http://www.lacanadasports.net). My child and I both agree to abide by it.
- I have completed the on-line Registration Information form on the LCJBSA website or submitted the Mail-In Registration Form I printed from the LCJBSA website. I acknowledge that my child's registration is not complete until LCJBSA receives a completed registration form, payment, and this Player Agreement & Release. Late registrations are subject to approval of LCJBSA based upon the circumstances at the time of the late registration.
- I agree that all registration fees are non-refundable after the date teams are formed.
- I recognize that LCJBSA baseball and softball practices and games are played on fields owned by the La Canada Unified School District and other organizations. I will follow all rules posted at the fields. I agree to help keep all fields clean and will report hazards and unsafe conditions to my child's coach or LCJBSA.
- I acknowledge that foul language, harassment or other inappropriate conduct directed towards players, coaches or umpires will not be tolerated and shall be grounds for immediate expulsion from the field.
- I authorize LCJBSA to use my child's picture and name in LCJBSA publications and game reports.
- I agree that the LCJBSA Board of Directors reserves the right to take all action it deems necessary to respond to conduct the Board determines, in its sole discretion, to be detrimental to the league, the game or the safety of players, coaches and spectators. Such action may include disqualifying a player, coach or spectator from further participation in LCJBSA programs.

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## **ASSUMPTION OF RISK**

I hereby certify that my child is fully capable of participating in baseball/softball and that my child is healthy and has no physical or mental injuries, disabilities or infirmities that would restrict full participation in these activities, except as made known to LCJBSA in writing. I UNDERSTAND THAT THERE ARE HAZARDS AND RISKS OF SERIOUS INJURIES, EVEN DEATH, INHERENT IN THE PRACTICE AND PLAY OF BASEBALL AND SOFTBALL. These risks include, but are not limited to, hazards associated with weather, playing conditions, equipment and other participants. I understand that hitting, running, sliding, collisions with other players, catching balls and many other activities associated with this sport can cause serious injury.

ON BEHALF OF MY CHILD AND MYSELF, I KNOWINGLY AND VOLUNTARILY ACCEPT AND ASSUME ALL RISKS OF INJURY INCURRED OR SUFFERED BY MY CHILD (a) while practicing or playing as a member of a LCJBSA team, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my child's team, and (c) while on or upon the premises of any field arranged for by LCJBSA or my child's coach for practice or play.

## **INDEMNIFICATION**

I agree on behalf of myself and my child that I shall indemnify and hold harmless LCJBSA and all of its directors, officers, coaches, employees, agents, sponsors, servants or any person acting on behalf of LCJBSA (collectively, "Indemnitees") from and against any and all claims, causes of action, liability, losses, costs or expenses (including attorneys' fees), whether related to personal injury or property damage, arising out of or relating to my or my child's participation in the LCJBSA program.

## **CONSENT FOR EMERGENCY MEDICAL OR DENTAL TREATMENT**

In the event I cannot be contacted at the time of a medical emergency involving my child, I authorize LCJBSA or any of its coaches, board members or authorized representatives to consent to all emergency medical or dental care for my child (including, without limitation, x-rays, lab tests, administration of drugs, transfusions, medical procedures and surgery) which is recommended by, and rendered under the supervision of, a physician, hospital or other recognized health care provider, whether such diagnosis or treatment is rendered at a doctor's office, hospital, urgent care or other setting appropriate to the circumstances. I authorize the transportation of my child for the purpose of receiving emergency medical or dental care. I authorize the release of personal and medical information about my child that is in the possession of LCJBSA in connection with emergency medical or dental care or for insurance purposes.

Allergies of Player:	
Player's Physician & Phone Number:	
Emergency Phone Number(s):	

**I HAVE CAREFULLY REVIEWED THIS DOCUMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I WILL GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY. A COPY OF THIS FORM SHALL BE AS VALID AS AN ORIGINAL.**

Print Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_