

MYRA Sports

T-BALL REGISTRATION FORM (Pre-k through Kindergarten)

Participant's Information

Name *

First Name

Last Name

Nickname

Grade *

Current grade (for summer sports use grade recently completed)

Gender *

Male

Female

Participant's Phone Number *

Area Code

Phone Number

E-mail *

example@example.com

Address *

Street Address

Street Address Line 2

Parent/Guardian Information

Relationship to participant *

Parent's/Guardian's Name *

First Name

Last Name

Home Number

Area Code

Phone Number

Cell Number *

Area Code

Phone Number

Parent's/Guardian's Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

E-mail *

example@example.com

Parent/Guardian Information

Parent's/Guardian's Name *

First Name

Home Number

Area Code

Phone Number

Cell Number *

Area Code

Phone Number

Parent's/Guardian's Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

E-mail *

example@example.com

Emergency Information

Emergency Contact's Name *

First Name

Last Name

Relationship *

Phone Number *

Area Code

Phone Number

Alt. Phone Number

Area Code

Phone Number

Does your child have any allergies, chronic illness, or medical conditions? If yes, please describe. *

Is your child prescribed any medication? If yes, please explain any instructions. *

Informed Consent and Acknowledgement

I hereby give my approval for my child's participation in any and all activities. In exchange for the acceptance of said child's candidacy by **Moville Youth Recreation Association**, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless **Moville Youth Recreation Association** and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected retreat/camp sessions.

In case of injury to said child, I hereby waive all claims against **Moville Youth Recreation Association** including all Directors, Coaches, Team Parents and affiliates, all participants, sponsoring agencies, advertisers; and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all outdoor or adventure activities. Some of these injuries include but are not limited to, the risk of fractures, paralysis, or death.

I agree *

I agree

Confirmation

BY ACKNOWLEDGING AND SIGNING BELOW, I AM DELIVERING AN ELECTRONIC SIGNATURE THAT WILL HAVE THE SAME EFFECT AS AN ORIGINAL MANUAL PAPER SIGNATURE. THE ELECTRONIC SIGNATURE WILL BE EQUALLY AS BINDING AS AN ORIGINAL MANUAL PAPER SIGNATURE.

I agree *

I agree

Medical Release and Authorization

As Parent and/or Guardian of the above named child, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named child. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to **Moville Youth Recreation Association** and its affiliates including Directors, Coaches, and Team Parents to provide the needed emergency treatment prior to the child's admission to the medical facility.

Release authorized on the dates and/or duration of the registered season.

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

I agree *

I agree

Media Release Consent

During all MYRA sports seasons we have opportunities to share the accomplishments and activities of our athletes. To do this, we may take photographs, video recordings and other visual documentation of students. (both digital and print)

We may also share these media images and recordings with newspapers, TV stations and other print and digital media publications.

Such publications may include, but are not limited to: publicly displayed photographs, press releases, advertising brochures, newspaper articles, newsletters, and any social media outlets.

Please indicate below whether you consent for these media images to be gathered and published, and your permission will remain in effect while your child is registered with MYRA.

I agree *

I agree

I disagree