



2023 Nibley Baseball

Registration and Liability Release Form



Rev 1-2023

Rookie (1-2 grade) \$30 Minors (3-4 grade) \$60 Majors (5-6 grade) \$65 Pony (7-8 grade) \$75

Players may NOT exceed the maximum age per league as of the *cut off date* .

Participants Name	Date of Birth
Shirt Size (circle one): YS YM YL AS AM AL AXL AXXL	Curent Grade:

How would you rate this child's baseball ability (circle one):
 1- Beginner 2 - Below Average 3- Average 4- Above Average 5- Comp Level

List each parent/guardian separately. If the information is the same for the 2nd parent/guardian, then just enter "Same".

Parent/Guardian	Willing to: <input type="checkbox"/> Coach <input type="checkbox"/> Assist <input type="checkbox"/> Umpire
Address	City
E-mail	Work Phone
Cell Phone	Home Phone

Parent/Guardian	Willing to: <input type="checkbox"/> Coach <input type="checkbox"/> Assist <input type="checkbox"/> Umpire
Address	City
E-mail	Work Phone
Cell Phone	Home Phone

Emergency Contact (other than Parent/Guardian)	Phone #
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Buddy Request (Rookie & Minor League Only) (exact spelling)	Coach Request (exact spelling)
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List any health issues, allergies, or concerns the coach should be aware of, attach separate sheet if needed:

READ CAREFULLY BEFORE SIGNING

Parent/Guardian Agreement:

- I certify that the above player and participating Parent(s)/Guardian(s) are in normal health and capable of participating safely in the Baseball program.
- I understand the goals and objectives of the Baseball program are fun, fair play, skill development, and teamwork.
- I understand and agree that the above participant and participating Parent(s)/Guardian(s) participation in the Baseball program involves risks and may result in property damage and/or bodily/emotional injuries, including death. With these risks in mind, I hereby assume such risks for the participant, participating Parent(s)/Guardian(s), and spectators in my party regardless of age.
- I understand and agree that I or my insurance company will pay for all medical, hospitalization, or any other expenses resulting from the above player's participation in the Baseball program.

Parent/Guardian and Personal Liability Release: In consideration of the acceptance of the above participant application to the Baseball program, I hereby waive release, and discharge any and all claims for damage, death, personal injury, and property damage, which the above participant and or Parent(s)/Guardian(s) participants may have, or which may hereafter occur to him/her, as a result of participating in the Baseball program. This release is intended to discharge in advance: Nibley City, its offices, employees, volunteers, or agents for liability, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that some recreational activities involve an element of risk or damage of accident, and knowing those risks, the above participant and Parent(s)/Guardian(s) hereby assume those risks. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding for the above participant, participating Parent(s)/Guardian(s) heirs and assigns.

Parent/Guardian Consent to Treat: I hereby give my consent to have the above participant be treated by a physician or surgeon in case of sudden illness or injury while participating in the Baseball program. It is understood that Nibley City provides no medical insurance for such treatment, and that the cost thereof, will be at my expense. If a personal physician is listed above, every effort will be made to contact such physician. However, the location of the activity or the nature of the illness or injury may require the use of emergency medical personnel.

Photo Release: I grant to Nibley City, its representatives and employees the right to take photographs of the the participant, participating Parent(s)/Guardian(s), and or spectators in my party regardless of age, along with the personal property in connection with these individuals. I authorize Nibley City, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Nibley City may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understood this Registration and Liability Release Form in its entirety and agree to all its terms and conditions, along with the Concussion Parental Acknowledgement Form and Liability Waiver Agreement, Participant/Parental Statement of Agreement (on back the back of this registration form)

Parent/Guardian Signature	Parent/Guardian Name Printed	Date
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Office Use Only

Date Paid:	Received by:	Amount Paid:	Payment Method: (circle)		
			Cash	Check	CC/Debit

Concussion and Traumatic Head Injury Policy Parental Acknowledgement Form

In compliance with Utah Code § 26-53-101 et seq., this acknowledgment form is to confirm that you have read and understand the Concussion and Traumatic Head Injury Information Sheet and the City's Concussion and Traumatic Head Injury Policy provided to you by the City related to potential concussion and traumatic head injuries occurring during participation in sporting events. By completing and signing the registration form (or submitting an online registration) as a parent/guardian of the participant registered, I acknowledge that I have read the information material provided to us by the City related to concussion and traumatic head injuries occurring during participation in sporting events and understand the content, responsibilities, and warnings therein. I understand that if my child sustains a concussion, it is my responsibility to return a completed Qualified Health Care Provider Statement Authorizing Player to Resume Play form to Nibley City Recreation. (This form can be downloaded at www.NibleyCity.com or picked up at Nibley City Hall.) By signing below, or submitting an online registration, I acknowledge that I have read and understand the Concussion and Traumatic Head Injury Information Sheet and the Concussion and Traumatic Head Injury Policy, and that I agree to abide by the City's Concussion and Traumatic Head Injury Policy.

Participants Name _____

Date of _____

Shirt : **IMPORTANT - LIABILITY WAIVER AGREEMENT, Participant/Parental Statement of Agreement. Including COVID-19 and Additional Assumption of Risks, Liability Release, Indemnification and Refund Policy**

1. I hereby recognize and acknowledge that my and/or my child(ren's) participation in recreational activities conducted through the Nibley City Recreation Department may involve bodily injury and exposure to communicable diseases of any kind, including without limitation the novel coronavirus COVID-19, which injury or exposure may result in severe illness or even death to me and/or my child (the "Risks"). In consideration of me or my child(ren) being able to participate in activities, I, for myself, my child(ren), my heirs, my executors, administrators, and assigns, hereby voluntarily and knowingly agree to indemnify and hold harmless, defend, release, waive and discharge Nibley City and the Nibley City Recreation Department, their respective administrators, officers, employees, volunteers, directors, agents, coaches, coordinators and instructors of programs on contract with Nibley City and the Nibley City Recreation Department, and other employees or volunteers of these organizations, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the activities, all of which are hereinafter referred to as "Releasees," from any and all suits, claims, demands, damages, costs or fees that may arise out of or result from my or my child(ren's) participation in said recreational activities including actions authorized by Paragraph 4, below. I agree that I or my insurance company will pay for all medical, hospitalization, or any other expenses resulting from my or my child(ren's) participation in such activities.

2. The undersigned agrees that prior to participation I will: a. inspect the facilities and/or equipment to be used, and if I believe anything is unsafe, I will immediately advise management, the coach or supervisor, of such condition(s) and refuse to participate; b. agree that as the parent(s) or legal guardian(s), I will instruct my minor child(ren) prior to participating, to inspect the facilities and equipment to be used, and if my child(ren) believes anything is unsafe, they will immediately advise his or her coach or supervisor of such condition(s) and refuse to participate. I represent and warrant that (1) I and my child(ren) are in good health and in a physical condition capable of participating in the recreational activities conducted through Nibley City Recreation Department and using the equipment and facilities provided by the same, (2) I have adequate medical or other insurance to cover and pay for any possible injury that may occur to me or the minor children, including without limitation any intensification or exacerbation of injury resulting from any preexisting medical or physical condition, (3) I am the parent or guardian of the minor children I have registered to participate, and (4) I and the minor children will read and follow all rules of recreational activities, equipment, and facilities of Nibley City, including without limitation, the rules posted on signs within the field or facility being used and any rules or restrictions promulgated or imposed by the Governor of the State of Utah or the State or local departments of health related to the novel coronavirus COVID-19 or any other pandemic.

3. I hereby assume the Risks and accept personal responsibility for the damages following any injury, permanent disability or death resulting therefrom.

4. I hereby authorize the staff/coaches of the Nibley City Recreation Program to act in my behalf in accordance with their best judgment in case of an emergency. In the event that I or my child(ren) sustain injury or illness while participating, I hereby authorize any first aid, medication, or medical treatment deemed necessary by the staff, coaches and/or licensed medical personnel to be performed on me or on my behalf, and/or on my child(ren), if I am not immediately able or available to do so. I agree to assume full responsibility for all expenses, medical or otherwise, that may arise there from. I understand that I or my insurance company will be responsible for and pay for such emergency treatment.

5. I hereby consent, for me and for my child(ren) to allow our picture and/or likeness, to appear in any official documentary, promotional, exclusive television, radio or film coverage on the Recreation Department in any manner incidental to my participation in the activities of the Nibley City Recreation Department without compensation to me or to my child(ren).

7. Refund Policy: The Nibley City Recreation Department may withhold 25% of any refund due or resulting from any recreation program for administrative costs. No refunds will be given after a coach meeting for the league has been held, or after first day of the program (whichever comes first). All refunds must be requested in writing either electronic or hard copy requests are accepted. Refunds will be issued according to City Policy, including refund payments must be returned to the individual that paid for the registration.

8. As used in this entire document, I shall include we, he, she, or they, and they, he, she, or we, shall include I, my, myself, me or mine shall include our, theirs, his, her and our, theirs, his, her shall include my, myself, me or mine, and the masculine shall include the feminine, and the feminine the masculine, and the plural shall include the singular, and the singular, plural, all when the context so requires.

By signing this document, electronically or otherwise, I acknowledge having read the Parent/Guardian Agreement, Participant/Parental Statement of Agreement, Including COVID-19 and Assumption of Risks, Liability Release, and Indemnification. I understand its contents and disclosures, and I agree to abide by the terms and to abide by the rules and regulation as set forth and as established or amended by city management. I also acknowledge that I have read and understand the Concussion and Traumatic Head Injury Information Sheet and the Concussion and Traumatic Head Injury Policy, and that I agree to abide by the City's Concussion and Traumatic Head Injury Policy. I have read the waiver and liability release included with this form (front & back); I understand its contents and disclosures and I agree to its terms.