

**2021 BUDDY BASEBALL
REGISTRATION FORM**

PLAYER INFORMATION

NAME: _____

DATE OF BIRTH: _____ AGE: _____

TYPE/NAME OF DISABILITY: _____

SCHOOL DISTRICT PLAYER ATTENDS: _____

LAST YEAR'S TEAM AND/OR COACH: _____

JERSEY SIZE (circle): Youth XS S M L or XL Adult XS S M L XL XXL

CAP SIZE (circle): Youth or Adult

PARENT/GUARDIAN INFORMATION

MOTHER'S NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL NUMBER: _____ EMAIL ADDRESS: _____

MAY WE TEXT YOU WITH GAME UPDATES, ETC. YES _____ NO _____

FATHER'S NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL NUMBER: _____ EMAIL ADDRESS: _____

MAY WE TEXT YOU WITH GAME UPDATES, ETC. YES _____ NO _____

BUDDY BASEBALL FEE\$20 AMOUNT ENCLOSED _____ CHECK ___ CASH _____

Signature Required on Back

In consideration for the Red River Valley Down Syndrome Society, providing the opportunity for my child to participate in Buddy Baseball, the undersigned does hereby release and agree to indemnify and hold harmless the Red River Valley Down Syndrome Society and the Paris Optimist Club and its officers and directors from any and all claims for personal injury, death, property damage, or any type of claim or damage (including but not limited to attorney's fees or litigation expenses) resulting from my child's activities in connection with participation in Buddy Baseball or the participation of any family member or guest of the undersigned.

I assume all risks and hazards incidental to such participation in Buddy Baseball games and activities and consent for my child to receive first aid and/or emergency care by a qualified Emergency Medical Technician or physician or other person qualified to render medical assistance in the event my child suffers an injury during sanctioned games and activities.

I agree to provide my child's specific medical information to the Buddy Baseball League so that appropriate precautions and care can be provided to my child during sanctioned games and activities. I agree to have any and all medication (prescription and nonprescription) for my child and shall be solely responsible for dispensing any such medication to my child.

Parent/Guardian Signature _____ Date _____

I/We understand that there will be media and promotional coverage of Buddy Baseball games and activities and I/We give my consent to publish my/our child's name and picture for such purposes. I hereby grant the Red River Valley Down Syndrome Society, its affiliates, franchises, advertising and promotional agencies and their agents, the irrevocable, unrestricted right to use, publish, display and distribute materials bearing my child's name, voice, likeness or any other identifiable representation of myself and my family members. These materials may appear in any form, style, color or medium whatsoever (including, without limitation, photographs, video tapes, films, sound recordings, software, drawings, prints, broadcast, internet and electronic media). I agree that all material containing identifiable representation of my child (including without limitation, all negatives, plates and masters of any photographs, files, prints or tapes) shall be and remain the sole and exclusive property of the Red River Valley Down Syndrome Society. I hereby release and forever discharge the Red River Valley Down Syndrome Society from any and all liability and damages relating to my child's name, voice, likeness or any identifiable representation of my child. I hereby waive any right I may have to inspect or approve the finished materials or any part or element thereof that incorporates my child's name, voice, likeness or any other identifiable representation of my child, myself and my family. I have agreed to the above in consideration of the opportunity given to my child by the Red River Valley Down Syndrome Society to appear in these materials.

Parent/Guardian Signature _____ Date _____