



Mt. Calvary Athletic Club 2020 Baseball Registration Form



For Office Use Only	
Paid CASH / Check #	_____
\$ 40 Player Fee	<input type="checkbox"/>
\$ 10 Late Fee	<input type="checkbox"/>
Coach: _____	

Boy's Baseball

- › *Rookies Team - currently in 1st-2nd grades.*
- › *Minors Team - currently in 3rd & 4th grades.*
- › *Little League - currently in 5th & 6th grades.*
- › *Graders Team - currently in 7th, 8th & 9th grade not playing high school ball.*
- › *HS Boys Team – currently in 9th (not playing Graders,) 10th & 11th.*
- › *AC Team – 10th grade to adult*

Season = Practices beginning in early to mid April.



Girls's Softball

- › *Girls C Team - currently in 2nd - 4th grades.*
- › *Girls B Team - currently in 5th & 6th grades.*
- › *Girls A Team - currently in 7th & 8th grades.*

Season = Practices beginning in mid April.

Participants Name (Print Child's First Last)	Address	City	Home Phone	Current Grade	Gender M/F	T-shirt Size

Which program is this child signing up for? (check one) Co-Ed T-Ball (4K & K for boys & girls 4K, K, & 1st grade- No Players Fee Required)

Boys: Rookies (1/2) Minors (3/4) Little League (5/6) Graders (7/8/9) A/C (adult)

Girl's Softball: Girls C (2/3/4) Girls B (5/6) Girls A (7/8) HS Boys (Grades 9/10/11)

Parent Name (Print First Last)	Cell Phone #	Email
Parent Name (Print First Last)	Cell Phone#	Email

Note: Family must hold club membership to participate.

Complete form and include check payable to Mt. Calvary Athletic Club and
Mail to: Mt. Calvary Athletic Club; Attn: Baseball Registration, PO Box 11, Mt. Calvary, WI 53057

INSURANCE & MEDICAL INFORMATION

PLAYER INFORMATION

Player's Name: _____ Male/Female
Date of Birth: _____ Current Grade: _____ Main Phone #: _____
Address: _____
City: _____ Zip Code: _____
Parent/Guardian: _____ / _____
Employer: _____ / _____

MEDICAL INFORMATION:

Any Known Allergies: _____
Date of Last Tetanus Shot: _____
Physician's Name _____ Phone#: _____
Dentist's Name _____ Phone#: _____

List the names and phone numbers of persons who can be contacted during a game or practice in the event of an injury requiring emergency medical treatment (if parents can't be reached):

Contact Name: _____ Phone: _____
Contact Name _____ Phone: _____

INSURANCE INFORMATION

Primary Insurance Coverage Policyholder: _____
Medical Insurance Carrier Name: _____ Phone: _____
Group Name (Employer): _____
Group #: _____

PERMISSION STATEMENT

I hereby give my permission for the above named player to practice & compete in the activities of the Mt. Calvary Athletic Club. I agree to be financially responsible for any and all injuries that may occur during play or practice. I also give my permission that in case of injury he/she may be treated or given immediate care by any authorized physician available.

Player/Parent Signature: _____ date: _____

(Players over 18 or Parents/Guardians for players under 18)

RELEASE, INDEMNIFICATION & HOLD HARMLESS AGREEMENT & INFORMATION/MEDIA CONSENT

In consideration of participating in _____ (activity) and for other good & valuable consideration I hereby agree to release and discharge from liability arising from negligence MT CALVARY ATHLETIC CLUB, INC. and its owners, directors, officers, employees, agents, volunteers, participants and all other persons or entities acting for them (collectively referred to as "Releases"), on behalf of myself & my children, parents, heirs, assigns, personal representative & estate, and also agree as follows:

1. I acknowledge that practice and games involve known & unanticipated risks which could result in physical or emotional injury, paralysis, or permanent disability, death and property damage. Risks include but are not limited to practice & games in this activity; medical condition resulting from physical activity and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releases. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition if any at time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions then I will be immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releases from any and all claims, demands or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releases or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold harmless for all such fees & costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which would interfere with my safety in this activity or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so solely in the state where Releases facility is located and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and should I choose to do so consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

In consideration of _____ (print minor's name) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releases from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participating by minor.

Further, I consent to the use by Mt. Calvary Athletic Club, Inc., of any videotape, photograph, slide, audiotape, or any other visual or audio reproduction in which I or my child(ren) may appear. I understand that these materials are being used for promotion of Mt. Calvary Athletic Club, Inc.

Such promotional activities extend to recruitment, fund-raising, advocacy, etc. I release the staff, volunteers, etc. of Mt. Calvary Athletic Club, Inc. from any liability connected with the use of me or my child(ren)(s) picture or voice recording as part of any of the above or similar activities.

Signature _____ Print Name _____

(Players over 18 or Parents/Guardians for players under 18)

Address _____ City _____ State WI Zip _____

Phone/Email _____ Date _____