**KAMLOOPS SENIOR MEN’S BASEBALL SOCIETY**

**REGISTRATION FORM - 2016**

**Tentatively scheduled to play 1 game per week Wednesday nights May-July (fall schedule tbd)**

**Payments will be processed when minimum registration reached**

Last Name: First Name:

Address:

City: Postal Code:

Home Phone: Cell Phone:

E-mail Address: Shirt Size: Hat Size:

**Emergency Contact Info**

Name: Phone:

**Preferred Position (s) – Please Circle P C 1st 2nd 3rd SS LF CF RF**

**Fees: $140** / season, cheques payable to *Kamloops Senior Men’s Baseball Society*

**Payment Enclosed: Cash: Cheque Total:**

Please note any potential team sponsors:

I am interested in contributing as a Director of the Society

Last Level of Play: *University Amateur Minor Other*

Please indicate if other:

Player equipment requirements: Helmet, Glove, Spikes, Pants

**Signature:**  **Date:**

Please e-mail form to [**kamloopsmensbaseball@gmail.com**](mailto:kamloopsmensbaseball@gmail.com)

Or mail Attn: Will Devick #34-1900 Hugh Allan Drive Kamloops, BC V1S 0A8

Please See Reverse for Waiver

**KAMLOOPS SENIOR MEN’S BASEBALL SOCIETY**

**WAIVER AND RELEASE OF LIABILITY**

In consideration of being allowed to participate in any way in the athletic program, related events and **KAMLOOPS SENIOR MEN’S BASEBALL SOCIETY** activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS **KAMLOOPS SENIOR MEN’S BASEBALL SOCIETY**,

their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARTICIPANT’S SIGNATURE

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS

**FOR PARTICIPANTS OF MINORITY AGE**

(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child’s involvement or participation in these programs as provided above.

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN’S SIGNATURE EMERGENCY PHONE NUMBER

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS