

Geneva Parks & Recreation Department  
**Geneva Baseball & Softball Program**

**Player's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Parent's Name** (Please print): \_\_\_\_\_

**E-mail** (please use one that can be reached during the day as well): \_\_\_\_\_

**Uniform Size** (Baseball, Softball & T-Ball)

**SHIRT**      YS\_\_\_\_ YM\_\_\_\_ YL\_\_\_\_ S\_\_\_\_ M\_\_\_\_ L\_\_\_\_ XL\_\_\_\_ 2XL\_\_\_\_ 3XL

Please check the appropriate division the player will be participating in:

**Softball:**      8U T\_\_\_\_      10U T\_\_\_\_      12U T\_\_\_\_      14U T\_\_\_\_      (Age as of December 31, 2019)

**Baseball:**      8U Coach Pitch\_\_\_\_      9U\_\_\_\_      12U\_\_\_\_      15U\_\_\_\_      (Age as of December 31, 2019)

We, the undersigned parents and/or guardians of the child named above, would like our child to participate in the Geneva Baseball and Softball program offered by Geneva Parks & Recreation Department. We are fully knowledgeable of the possible dangers in this sport. By signing this release, we waive our rights to sue, and assume the risks and all costs for any personal injury that arises from the playing and practicing of the sport as well as related activities thereto and hereby agree to hold harmless and indemnify, and release and discharge the Geneva Parks and Recreation Department, City of Geneva, School District #25, employees, coaches, managers, and other agents and officers, of all claims and demands of every name and nature arising from the practicing and playing of this sport, from tournament or travel to and from competition including regular sessions, as well as any activities relating hereto.

Our child has also recently had a physical examination and is in good health.

\_\_\_\_\_  
**Parent's Signature**      **Birth date of child** \_\_\_\_\_ **Age** \_\_\_\_\_

This form **MUST BE SIGNED** before participation can take place.

**This release is due by Friday, June 5<sup>th</sup>, 2020 .**

**Please make check payable to Geneva Parks & Recreation Dept.**

**This form is required before participating in a Geneva Parks & Recreation Department League.**

Please fill out **ONLY** top or bottom portion of form.

If you **GRANT** permission to administer anesthetic and/or emergency treatment as required to your son or daughter. Then please complete the following form:

**Emergency Information**

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work or Cell Phone #: \_\_\_\_\_

If no answer, please phone in case of emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Physician: \_\_\_\_\_

Hospitalization Insurance: \_\_\_\_\_ Last Physical: \_\_\_\_\_

History of Diabetes or Epilepsy: \_\_\_\_\_ Allergies to Sulfa, Penicillin, etc. \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

I **DECLINE** to grant permission to administer anesthetic and/or emergency treatment as required to your son or daughter. Then please fill out the following:

**Emergency Information Liability Release**

This will certify that I, \_\_\_\_\_ (parent or guardian), of \_\_\_\_\_, having been requested to furnish all of the information and to execute the same, decline to do so and decline to grant permission for the emergency treatment of \_\_\_\_\_ by a doctor of medicine and decline to grant permission to any person to administer and anesthetic in the event of the medical emergency to \_\_\_\_\_, on the grounds that such actions are contrary to my and his/her religious beliefs/teachings. This will further certify that I hereby release the Geneva Ball Player's Association, its members, its agent, its representatives, and its employees from any and all liabilities of any nature whatever from an injury or harm or complications of any kind that may result directly or indirectly, by reason of my refusal and failure to grant permission of emergency medical treatment and for the administration of an anesthetic to \_\_\_\_\_ and by refusal and failure to furnish all the information requested on the top portion of the form by my refusal to execute the same.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.