

RIDGEWAY SUMMER YOUTH REGISTRATION FORM

Name of Player _____ Male or Female (circle one)

Age as of May 1, 2019 _____ Date of Birth _____ Current grade (2019-19) _____

Legal Guardian Name _____

Legal Guardian Address _____

Legal Guardian Phone Number (cell and home) _____

Legal Guardian Email Address (required) _____

Emergency Contact Name _____

Emergency Contact Address _____

Emergency Contact Phone Number (cell and home) _____

Emergency Contact Email Address (required) _____

RETURN THIS FORM NO LATER THAN FRIDAY, APRIL 26TH

Check one Shirt/Jersey Size

Tee Ball – ages 4,5 & 6		
Coach Pitch – ages 6 & 7		
Baseball 3 rd and 4 th graders		
Baseball 5 th and 6 th graders		
Baseball 7 th and 8 th graders		
JR BABE RUTH		
SR BABE RUTH		

Name of Physician: _____ Clinic: _____ Clinic Phone: _____

Allergies or other Health Conditions: _____

If provided by Advancement my child will at the end of their season return their uniform to their coach. Uniforms are the property of the Ridgeway Advancement. Please contact your coach if you are interested in purchasing a jersey. (Exception: t-shirts provided for tee ball and coach pitch in lieu of jerseys, and do not need to be returned.)

RELEASE OF LIABILITY

The undersigned parent or legal guardian of _____, the “registrant”, recognizes that any sport is vigorous and that the registrant may suffer temporary or permanent serious physical injury including, but not limited to sprains, fractures, brain or spinal damage, paralysis or even death while playing sports or attending a game, tournament, practice or scrimmage. I further acknowledge and understand that the travel to and from games, practices, and tournaments by automobile or other means of transportation may be necessary, and that such travel carries the risk of injury. With full knowledge of the above-referenced risks, and in consideration for the Ridgeway Advancement and its Youth Summer Baseball Programs, and the pursuant to the recreational assumption of the risk statute, Sec. 895.525(4), Wis. Stats., the registrant and the herby accept and assume full responsibility for any and all harm caused by negligence and release, discharge, and/or otherwise indemnify the Ridgeway Advancement and their coaches and staff, directors, and officers., league and tournament sponsors and their directors and officers and any other facilities utilized for summer youth recreation as to any claims and causes of action. This release includes transportation to and from games, tournaments, which I hereby authorize. This release shall remain in effect for the duration of the **2019** Baseball season and shall be interpreted under Wisconsin law.

CONSENT FOR MEDICAL TREATMENT

With full knowledge of the risks and injury in the game of softball and baseball, I hereby authorize, the following person to administer emergency medical treatment to my child, the registrant, for any injury or other medical emergency while at practice, game, tournament, scrimmage, or while attending or traveling to or from any of those activities: all coaches and managers of my child’s team all officers and officials of the ball teams to which my child’s team belongs, the Ridgeway Advancement, directors or other league or district officials; and all activities that my child may participate in. This consent also extends the right to those persons listed above to arrange for immediate medical treatment by a licensed physician and/or other trained medical personnel, and for them to provide such emergency medical care as they deem appropriate to preserve the life and well-being of my child. My child and I hereby release, hold harmless and indemnify the above-listed persons for any injury or damage related to administration of emergency medical care as authorized herein. This consent for medical treatment is in effect for the duration of the **2019** Baseball season. I have read and fully understand the above statements. I acknowledge that before signing I had an opportunity to contact the Ridgeway Advancement to discuss any questions I had about the above release and consent.

SIGNATURE OF PARENT OR LEAGAL GUARDIAN _____ DATE _____

Please note if you would be interested in helping to coach or volunteer at the food stand during home games. Previous experience is not a requirement.

Name and Phone Number _____

Email Address _____

Interested in Coaching _____ team Food Stand _____