



# 2019 Omega Delta Youth Baseball League Registration Form



Player Name(s)	Date of Birth	Age	Sex (M/F)	*Interest in Tournament Team (Y/N)	Previous team or "New"	School	Regist. Fee	Early Reg. Disc.	Sibling Disc.	Total
1										
2										
3										
4										

\* Additional fees and travel required for those selected to participate on All Star Tournament Teams. Players will be selected based on performance at team tryouts.

Parent Name(s): \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>Subtotal</b>	
<b>Less Payment</b> (      )	
<b>Balance Due</b>	

I/WE, the parent(s) of the above named candidates for a position in the 2019 Omega Delta Youth Baseball League, hereby give my/our approval to participate in any and all program activities, including transportation to and from the activities.

In consideration of being allowed to participate in any way in the Omega Delta Youth Baseball League, related events and 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/WE 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/our child's participation; and,
3. I/WE willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I/WE observe any unusual significant hazard during my/our child's presence or participation, I/WE will remove my/our child from participation and bring such to the attention of the nearest official immediately; and,
4. I/We hereby consent to have my child photographed, video taped, audio taped and/or interviewed by the Omega Delta Youth Baseball League or one of its authorized agents. I also consent to the League's use of my child's photograph or likeness or voice on the Internet or on an information/marketing CD or on any other electronic/digital media. It is understood and I agree that no monies or other consideration in any form, including reimbursement for any expenses incurred by me or my child, will become due to me, my child, our heirs, agents, or assigns at any time because of my child's participation in any of the above activities or the above described use of my child's photograph, likeness or voice.
5. I/WE, for myself/ourselves and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the program organizers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event(s) ("RELEASEES"), WITH RESPECT TO ANY CLAIMS, DEMANDS, ACTIONS, COMPLAINTS, SUITS, OTHER FORMS OF LIABILITY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE to the fullest extent permitted by law.

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

**Parent(s) or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_



## 2019 Omega Delta Youth Baseball League Medical History & Emergency Contact Form



	Date of Birth	Age	Please list any allergies, restrictions, medical conditions and/or medications
1			
2			
3			
4			

Please Note: The ODYBL Staff are prohibited from administering any medications to children, this is solely the responsibility of the parents. Medications sent with a child for self administering, must be clearly labeled and safely contained.

### EMERGENCY CONTACT INFORMATION

In the event of any emergency or if we are unable to reach anyone listed below, ODYBL Staff will act on your behalf. Please list others authorized to act on your behalf:

Names	Relationship	List phone numbers in the order of priority
<b>1<sup>st</sup></b>		
<b>2<sup>nd</sup></b>		
<b>3<sup>rd</sup></b>		
<b>4<sup>th</sup></b>		

### INFORMED CONSENT & AUTHORIZATION for EMERGENCY TREATMENT and TRANSPORTATION

1. I understand that I will be notified if my child, listed on this form, becomes injured and/or ill while participating with ODYBL.
2. I agree that upon notification of my child's injury and/or illness, I will have her/him picked up immediately.
3. In case of emergency or when I cannot be reached, I hereby give authorization to the ODYBL staff to contact other parents, legal guardians and/or emergency contact people listed on this form. If no one listed on this form can be reached, then I hereby give authorization to the ODYBL staff and the treating physician to obtain or provide whatever medical treatment and/or transportation deemed necessary for the immediate welfare of my child(ren), listed above.

**Condition of participation:** I have read, understand and agree to the terms and conditions listed on this Medical History and Emergency Contact Form. I understand it is my responsibility to provide accident and health insurance coverage for my child(ren) and I will be financially responsible for all charges and fees for emergency medical treatment and/or transportation, regardless of whether my medical insurance covers such charges and fees.

**I/We acknowledge receipt of the Parent Code of Conduct and agree to abide by its provisions, including the service deposit obligation**

Initial

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

Date \_\_\_\_\_



## **Parent Code of Conduct**

We, the Omega Delta Youth Baseball & Softball League, Inc., have implemented the following Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports. Parents should read, understand and sign this form prior to their children participating in our league. Any parent or guest guilty of improper conduct at any game or practice will be asked to leave the park. Repeat violations may cause a multiple game suspension, or the season forfeiture of the privilege of attending all games.

1. I understand that children participate to have fun and learn. I agree to make learning the game of baseball a priority over winning,
2. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance,
3. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time,
4. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition,
5. I agree to learn the rules of the game and the policies of the Omega Delta Youth Baseball & Softball League. Should I have any questions or concerns with the League's rules or policies I will schedule a time to meet with the League Administration to discuss my concerns,
6. I understand that the game is for children, not adults,
7. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team,
8. I understand that good sportsmanship is an integral part of the Omega Delta Youth Baseball & Softball League. I agree to teach my child to play by the rules and to treat other players, coaches, umpires, and spectators with respect and courtesy regardless of the outcome of the game. In addition I, my child and my guests will not engage in any kind of unsportsmanlike conduct such as booing and taunting, refusing to shake hands or using profane language or gestures,
9. I will respect the officials and their authority during games and will never question, discuss, or confront coaches or umpires at the game field and will take time to speak with coaches at an agreed upon place and time
10. I understand that it is my responsibility to ensure that my child is present and on time to all games and practices. I agree to inform the coach if we are running late or will be unable to attend a game or practice,
11. I understand that the Omega Delta Youth Baseball & Softball League is an all-volunteer organization for the benefit of my child. I agree to deposit the sum of fifty dollars (\$50) and acknowledge that this deposit shall be returned to me upon completion of five (5) service hours to the League. The League will post service opportunities on the league website and send bi-monthly notifications via email. I understand that deposit refunds will be issued the last weekend of each month. *I am aware that the service deposit may be replaced with a league sponsorship of no less than one hundred dollars (\$100).*

I have read this Parent Code of Conduct, fully understand its terms & conditions, and agree to abide by its provisions:

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Signature

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Date