

# Johnsburg Youth Athletics Player Registration & Medical Release Form

Player Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Signing up for: \_\_\_ T-Ball \_\_\_ Baseball \_\_\_ Softball \* 9 years old- please indicate Majors \_\_\_ Minors

Uniform Size (Please include Youth or Adult) Top: \_\_\_\_\_ Bottom: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Parent(s) / Guardian(s): \_\_\_\_\_

Contact Information: H \_\_\_\_\_ C \_\_\_\_\_ W \_\_\_\_\_

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

**Emergency Contacts (Other Than Parents)**

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

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

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Does the Player have any Allergies/ reactions or medical conditions including but not limited to:

	Yes	No		Yes	No		Yes	No
Medications			Insects			Seasonal Allergies		
Foods			Plants (Incl. Poison Ivy)			Asthma		
Animals			Lotions / Soaps			Headaches / Migraines		
Odors			Hay Fever			Other		

Other ( Please Describe) \_\_\_\_\_

If YES to any of the above, please list condition and the course taken when reaction occurs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does the Payer use / carry: Inhaler\_\_\_\_ EpiPen\_\_\_\_ Other:\_\_\_\_\_

*\*If yes, does player use independently? Yes\_\_\_No\_\_\_*

Does Player wear : Glasses\_\_\_\_ Dental Braces\_\_\_\_Knee / Elbow Support\_\_\_\_Other: \_\_\_\_\_

Do you give permission for insect repellent or sunscreen to be applied if needed? \_\_\_\_\_

Additional Contacts / Comments / Concerns:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

***I, the Parent / Guardian of the above named child enrolling in a Johnsbury Youth Athletics (JYA) baseball / softball / T-Ball team, hereby give my approval for him/her to participate in any JYA Activity including the transportation to and from the activity. I know that participation in baseball / softball / T-Ball may result in serious injuries and protective equipment does not prevent all injuries to players, thus I hereby waive, release, absolve, indemnify and agree to hold harmless the JYA committee, organizers, sponsors, the Town of Johnsbury, participants, and persons transporting my child to and from activities from any claim arising out of any injury to my child. In case of emergency, I hereby authorize my child to be treated by certified emergency personnel. The purpose of the listed information is to ensure that medical personnel have the details of any medical problem(s) which may interfere with or alter treatment. By signing I have acknowledged that I have received a copy of the code of conduct and age policy.***

**THE BOARD RESERVES THE RIGHT TO ASSIGN PLAYERS TO THE LEVEL THEY SEE FIT ON A CASE BY CASE BASIS**

Parent / Guardian Name\_\_\_\_\_

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

**Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

***Town of Johnsbury COVID-19 Addendum to Building Use Agreement to be signed by all event participants.***

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization and Centers for Disease Control. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. The State of New York by Governor Andrew M. Cuomo has imposed limitations on gatherings, and instructions for social distancing. As these limitations are relaxed, the threat of COVID-19 is not diminished. The Town of Johnsbury ("the Town") has put in place preventative measures to reduce the spread of COVID-19. However, the Town cannot guarantee that anyone visiting or using any Town facilities will not become infected with COVID-19, or any other virus. Attending social gatherings can increase your risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I and/or my minor child(ren), may be exposed to or infected by COVID-19 by attending or using any Town facilities, and further that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Town employees, volunteers, and program participants and their families, and any other users of Town facilities. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with me or my child(ren)'s use of Town facilities ("Claims"). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless the Town, its employees, agents, and representatives, and insurers, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Town, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after my attendance at or use of any Town facilities. I also agree that if, within fourteen (14) days of my attendance at or use of Town facilities, I or my child(ren) contract COVID-19 or I am notified that I may have come in contact with COVID-19 at Town facilities, that I will notify the Town Supervisor of the Town of Johnsbury, as well as the sponsor or host of the event that I am attending at Town facilities, of such positive test, as well as those who I may have come in contact with at any such event. I authorize the Town to use such information of a positive test to participate in any contact tracing to help reduce the spread of COVID-19.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_