



ALTERNATIVE BASEBALL ORGANIZATION

2019 Player Application / Registration Form

Name: _____

Age: _____ DOB: ___ / ___ / _____ Gender: _____

Address:

City: _____ State: _____ ZIP: _____

Email: _____

Phone #: (_____) _____ - _____ Affiliate/Location: _____

Parents name (If applicable):

Diagnoses:

Any sports experience? Describe below!:

I, the undersigned, understand, adhere to, and knowingly accept the terms of the following:

DISCLAIMER A: All participants will be participating in a typical baseball/softball team experience which includes throwing, catching, and hitting a ball. Our goal is to make this a great experience for everyone involved, and while we use materials to best tailor to each individual participant, if needed, we depend on family members to judge if it's a safe sport for the participant. Furthermore, participants must attend at least 70% of the practices and games from the time this waiver is signed in order to qualify for the All-Star Game. Feel free to contact Alternative Baseball at (770)313-1762 or visit alternativebaseball.org for more information.

DISCLAIMER B: Any athlete that purposely injures or threatens to injure another athlete, coach, volunteer, or spectator will immediately be removed from the playing field & dugout. This action may result in permanent suspension from Alternative Baseball Organization, Inc. and any of its associated clubs.

X _____

\$25.00 YEARLY NATIONAL DONATION RECEIVED: _____ MANAGER'S INITIAL

NOTE: ALTERNATIVE BASEBALL DOES NOT PROVIDE MEDICAL INSURANCE FOR PROGRAM PARTICIPANTS. IN THE EVENT OF ILLNESS OR INJURY REQUIRING MEDICAL TREATMENT, HOSPITALIZATION, AND/OR SURGERY, THE FAMILY MEDICAL INSURANCE MUST BE USED.

RELEASE AND HOLD HARMLESS AGREEMENT PERMISSION TO PROVIDE EMERGENCY MEDICAL TREATMENT

Realizing the nature of this program, it's physical demands, and how important it is to follow the rules, regulations, and instructions outlined by the staff of self-affiliated Alternative Baseball Club, Alternative Baseball Organization, Inc., and any of its venues, I am, to the best of my knowledge in good health and able to participate in the program. I authorize the staff of my affiliated Alternative Baseball Club, Alternative Baseball Organization, Inc. & any of its host venues to organize required medical or first aid procedure, or to take the undersigned to a hospital emergency room for treatment. The undersigned hereby forever release, discharges, and covenants to hold Taylor Duncan, Alternative Baseball Organization, Inc., its affiliates, its volunteers, its venue, and any other person, firm, or corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors, and assignees from any and all claims, demands, damages, costs, expenses, loss of services, actions, and causes of action belonging to the undersigned or arising out of any act or occurrence in connection with and particularly on account of all personal injury, disability, property damage, loss of damages of any kind sustained or that may hereafter be sustained arising out of the matters described herein or in consequence of participation in the recreation program sponsored by my affiliated Alternative Baseball chapter/club, Alternative Baseball Organization, Inc., and its venues. The undersigned hereby bind their heirs, administrators, executors and successors. Further this agreement shall apply to all unknown and unanticipated injuries and damages directly or indirectly resulting here-from. This release and hold harmless agreement shall constitute a full and complete release of any and all claims.

X_____ Initial

Permission to Use Photograph/Film

I grant to the Alternative Baseball Organization, Inc., and it's representatives/affiliates the right to take photographs and moving pictures of me and my property in connection with the above -identified subject. I authorize my affiliated Alternative Baseball club, Alternative Baseball Organization, Inc., its assigns and transferees to copyright, use, and publish the same in print and/or electronically. I agree that my affiliated Alternative Baseball club and Alternative Baseball Organization, Inc. may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I have read and understand all of the above.

X_____

SIGNATURE

X_____

PLAYER NAME

DATE SIGNED: ____ / ____ / ____