

**City of Marathon and MYC Youth Baseball and Softball**  
**Registration Form 2021**

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

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

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

Day time phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Shirt Size: YS YM YL S M L (circle one)

Years of experience in this sport: \_\_\_\_\_

**In case of Emergency Notify:**

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

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

**Sports Fee:** Amount paid: \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_

**Collected by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I, the undersigned parent or legal guardian of the minor, whose name appears below, consent and agree that the below named minor may participate in the above-described activity. I further agree that the City of Marathon [the "City"] and its office, agents and employees will not be held liable for injuries or other loss sustained by the minor which occur as a result of my participation in the above-described activity.

Therefore, the undersigned parent/guardian specifically WAIVE ANY CLAIM against the City and its offices, agents and employees for any loss, injury or damage sustained by the below named minor that arises out of participation in the above-described activity. Further, the undersigned parent/guardian agrees to RELEASE and hold harmless the City and its offices, agents and employees from any and all claim, actions, demands, rights, judgments and expenses arising from or by reason of any and all known damage, claims or actions arising from the below named minor's participation in the above-described activity.

This WAIVER and RELEASE shall continue notwithstanding any negligence or comparative negligence on the part of the City relating to such loss, injury, or damage.

I, the undersigned parent/guardian, hereby give permission to the City and its offices, agents, and employees to call my physician and/or to arrange for transportation to a hospital in the event of any injury. Although I understand that the City and its offices, agents and employees assume no responsibility by doing so, I undersigned parent/guardian also agree that this waiver and release form shall be binding on my heirs, successors, and assign.

By signing below, the undersigned parent/guardian acknowledges that [he/she] has fully read, understood and agree to each and every term contained in the Waiver and Release.

\_\_\_\_\_  
Parent/Guardian (Print)

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

\_\_\_\_\_  
Date