

TOWN OF SARANAC—REGISTRATION FORM

All Late registrations will be placed on a waiting list.

PARENT/GUARDIAN INFORMATION

Name of Adult: _____

Phone: _____ Cell Phone: _____

Address: _____

Email: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Phone: _____

Full Name (Participant 1)				Full Name (Participant 2)			
Age	D.O.B.	Grade	Gender	Age	D.O.B.	Grade	Gender
<input type="checkbox"/> Baseball/ Softball * (May—July)		<input type="checkbox"/> Fall Soccer* (August—October)		<input type="checkbox"/> Baseball/ Softball * (May—July)		<input type="checkbox"/> Fall Soccer* (August—October)	
<input type="checkbox"/> T- Ball * (June—July)		<input type="checkbox"/> Basketball * (Nov—Feb)		<input type="checkbox"/> T- Ball * (June—July)		<input type="checkbox"/> Basketball * (Nov—Feb)	
Full Name (Participant 3)				Full Name (Participant 4)			
Age	D.O.B.	Grade	Gender	Age	D.O.B.	Grade	Gender
<input type="checkbox"/> Baseball/ Softball * (May—July)		<input type="checkbox"/> Fall Soccer* (August—October)		<input type="checkbox"/> Baseball/ Softball * (May—July)		<input type="checkbox"/> Fall Soccer* (August—October)	
<input type="checkbox"/> T- Ball * (June—July)		<input type="checkbox"/> Basketball * (Nov—Feb)		<input type="checkbox"/> T- Ball * (June—July)		<input type="checkbox"/> Basketball * (Nov—Feb)	

~ You must submit a copy of a birth certificate for each participant. It will only be necessary the first time they participate in these sports. ~

Do any of the Participants have special needs? Yes ____ No ____

If yes, please explain _____

Do any of the participants have allergies? Yes ____ No ____

If yes, please explain _____

Are any of the participants playing in other sports/activities during the baseball/softball or soccer season? Yes ____ No ____

If yes, please explain _____

Would a parent or guardian be interested in coaching? Yes ____ No ____

Assisting Yes ____ No ____ Please indicate which sport or activity _____

TURN OVER FOR PARENTAL CONSENT FORM AND RETURN

Parents' Code of Ethics

I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by following this code of ethics:

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sports event.
- I will place the emotional and physical wellbeing of my child ahead of a personal desire to win.
- I will insist that my child play in a safe and healthy environment
- I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Ethics
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol, and will refrain from their use at all youth sports events.
- I will remember that the game is for the youth — not for adults
- I will do my best to make youth sports fun for my child.
- I will help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching, or providing transportation.
- I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.

Parent's Signature

Date

**WAIVER AND RELEASE OF LIABILITY
DISCLAIMER: TOWN OF SARANAC SHALL NOT BE RESPONSIBLE FOR ANY INJURY
(OR LOSS OF PROPERTY) TO ANY PERSON SUFFERED WHILE PLAYING, PRACTICING,
OR IN ANY OTHER WAY INVOLVED IN THE TOWN PROGRAM FOR ANY REASON
WHATSOEVER INCLUDING ORDINARY NEGLIGENCE ON THE PART OF THE TOWN OF
SARANAC, ITS AGENTS, OR EMPLOYEES.**

In consideration of my child's participation, I hereby release and covenant not to sue Town of Saranac, Town Board of the Town of Saranac, and any of their employees, instructors, or agents, from any and all present and future claims resulting from ordinary negligence on the part of the Town or others for property damage, personal injury, arising as a result of my child's engaging in or receiving instruction in Town activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my child, or assigns.

Further, I understand that these programs involve certain risks, including but not limited to, neck and spinal injuries, injury to virtually all bones, joints, muscles, internal organs, and that equipment provided for my Child's protection may be inadequate to prevent serious injury. I am allowing my child to voluntarily participate in this activity with the knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage or personal injury. In addition, I understand that I may not always be there in the event of an emergency. I hereby give permission for my child to be given emergency first aid treatment and or to be examined and treated at the nearest medical facility.

I further agree to indemnify and hold harmless Town of Saranac and others listed for any and all claims arising as a result of my child's engaging in or receiving instruction in Town activities or any activities incidental thereto, wherever, whenever, or however the same may occur.

I understand this waiver is intended to be as broad and inclusive as permitted by the laws of New York and agree that if any portion is held invalid, the remainder of the waiver will continue in full force and effect. I further agree that the venue for any legal proceedings shall be in New York.

I affirm that I am of legal age, the child's legal guardian, and am freely signing this agreement. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of the Town of Saranac or any of the parties listed above.

I hereby grant the Town of Saranac and all sponsors for this activity to use my audio/visual material obtained in conjunction with this event for promotional purposes.

Parent's Signature

Date

Parent's Name (printed)