Kensington Valley Baseball and Softball Association
2027 Player Registration & Waiver Form

Player Name: _____ Team: _____

Street Address: _____ Team Age:7U 8U 9U 10U 11U 12U 13U 14U 15U 16U 18U

City / Zip: _____ Player's Age on **April 30, 2027**:_____

Contact Phone: _____ Date of Birth: [ ]

Parent/Guardian Information:

Name: _____

Contact Phone: _____Cell: _____

Email: _____

Parent/Guardian Information:

Name: _____

Contact Phone: _____Cell: _____

Email: _____

I agree to play baseball during the **2027** season for the team and league as stated above. I agree to follow the regulations and by-laws of the Kensington Valley Baseball and Softball Association (KVBSA) and any leagues sanctioned hereby. I agree that I will play and receive no compensation whether it is direct or indirect. I understand that if I play one pitch for the above team, I may not play for another team in the same age bracket as part of KVBSA league games.

I understand that baseball is a dangerous sport that could result in very serious injuries or death, including but not limited to injuries from being hit by the baseball, bat, player collisions, physical stress from exertion, and accidents due to outdoor conditions. I am in good physical and mental health such that I am able to play baseball without undue risk. I understand that there may not be trained medical personnel at team and league activities.

In return for KVBSA allowing me to participate in their league, I assume all risks associated with my participation on my team and in this league. These risks include any injury, loss or damage I suffer related to any function for the KVBSA .For myself, my heirs and legal representatives, I waive, release and give up, and will not directly or indirectly bring any action for, any and all claims, demands, and possible lawsuits related to any event or function of the KVBSA that I may have now or in the future against my team, KVBSA, sanctioned leagues, or member organizations and the officers, directors, employees, agents, coaches, umpires and volunteers of all these organizations.

I hereby give permission for all medical attention and treatment necessary to be administered to my child in the event of an accident, injury, sickness, etc., under the direction of KVBSA, sanctioned leagues, member organizations, officers, directors, employees, agents, coaches, umpires and volunteers of said league. This release is effective for the time during my child's participation with KVBSA for the **2027** season. I also hereby assume the responsibility for the payment of such treatment.

Parental Permission (if player is under the age of 18): I have read and understood the above. I agree to all the above provisions, including but not limited to all promises not to sue, and all waivers of claims, on behalf of myself, my child or ward, and my heirs, legal representatives and assigns. I represent that my child or ward is in good physical and mental health and that participation in baseball practices, games and related activities will not involve undue risk.

KVBSA does not place players on teams, nor does KVBSA become involved with team finances, nor does KVBSA endorse the qualification of any coach or the suitability of a person to coach a child. As such, KVBSA does not conduct a background check on any person coaching a team registered in KVBSA. It is the expectation of the KVBSA that the coaching staffs of all teams participating in the league are in compliance with the organizational requirements and the mandate that All participating adults that have contact with minor athletes, at minimum, have undergone a background check within the last 12 months as required by The SafeSport Act (Federal Senate Bill 534). It is the responsibility of each team's coach or organizer to confirm compliance with The SafeSport Act KVBSA does not monitor compliance of teams and relies on the team's registration with their organization. KVBSA encourages parents and guardians to check and satisfy themselves with the integrity and fitness of their child's coaching staff.

In consideration of Player being allowed to participate in any way in the Kensington Valley Baseball and Softball Association (KVBSA) related events and activities, the undersigned on behalf of Player and undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury and/or illness to the Player from the activities involved in the sport is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist;

2. The risk to the Player to have contact with individuals, who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies does exist, and it is impossible to eliminate the risk that I could be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease;

3. I, on behalf of Player and for myself, and on behalf of Player's and my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE KVBSA, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE;

4. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I shall remove Player from participation and immediately bring such hazard to the attention of the nearest manager, coach, umpire or official.

5. To the fullest extent permitted by law, the undersigned assumes all risks and agrees to defend, pay on behalf of, indemnify, and hold harmless, KVBSA, including all of its officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises used to conduct the event, and any others working on behalf of KVBSA, against any and all claims, demands, suits, or loss, including all costs connected therewith, including but not limited to attorney fees, and for any damages which maybe asserted, claimed, or recovered against or from KVBSA and any of its officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises used to conduct the event, and any others working on behalf of KVBSA, by reason of personal injury, including bodily injury or death, and/or property damage, including loss of use thereof, which arise out of or are in any way connected with or which are alleged to arise out of or alleged to be in any way connected with Player's participation with KVBSA, including, but not limited to, any negligence or alleged negligence on the part of KVBSA.

6. I HAVE READ THIS RELEASE OF LIABILITY, HOLD HARMLESS, AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY AGREEING TO IT ON MY OWN BEHALF OR ON BEHALF OF THE YOUTH PARTICIPANT ASSOCIATED WITH THIS GUARDIAN ACCOUNT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

By acknowledging and agreeing by signing below, I agree to and verify the following: 1) I am the parent or legal guardian for the Player associated with this guardian account, 2) that the date of birth of the Player associated with this guardian account is correct, 3) that as parent/legal guardian with legal responsibility for this Player, I consent and agree to assume the risks of Player's participation in these programs; and 4) that I specifically agree on behalf of Player to the release and hold harmless as provided herein of all the Releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to this Player's involvement or participation in these programs as provided above EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

_____ _____

PARENT Signature **DATE:**

Electronic signatures are only acceptable if verified by an e-sign service such as Adobe or DocuSign

_____ **PARENT Print Name**

KVBSA
KENSINGTON VALLEY
Baseball & Softball Association

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