

Name of Player:	
Diagnosis:	

Angel Assistance:**

The League of Dreams will happily provide an “angel” to assist your child in team play. However, if you, a friend or family member would like to be your child’s angel, we encourage family participation.

Please check one option below:

- Assign my child an “angel” Will provide my own “angel” (indicate below)

Name of angel: _____ Phone #: _____

Relationship to child: _____ Shirt Size: _____

Volunteers:**

Please indicate an area in which you would like to volunteer:

- Team Mom (will organize snack schedule, make banner if desired, etc)
 Coach (facilitate once a week practices and once a week game – “Rookie” division excluded)
 Field/equipment preparation Clean up (put equipment away, etc)
 Umpire (behind home plate) Umpire (out in field) Not interested at this time

****ALL “ANGELS” AND VOLUNTEERS WILL NEED TO COMPLETE THE ENCLOSED VOLUNTEER REGISTRATION FORM**

Email Newsletter:

- I would like to receive email newsletters with information and upcoming events from the League of Dreams only at the below listed email address.
 I would **not** like to receive email newsletters from the League of Dreams.

Email address(es): _____

Financial Assistance:

- I would like to provide financial assistance to enable another child to play
 I am in need of financial assistance toward my child’s registration fee

For Office Use Only:		
Payment Amount Received: _____	Date Payment Entered: _____/_____/_____	Logged By: _____

Participant Information

League Code	Participant Name Last Name First Name	Age	Birthdate MO/DAY/YR	Sex M F	Diagnosis:	Fee
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Parent/Guardian Information

Last Name:			First Name:			
Street Address:						
City:		State:		Zip:		
Home Phone #:		Work #		Cell #		

AGREEMENT, WAIVER AND RELEASE

I understand the risks involved in participation in the *League of Dreams* activity(ies) for which I/we are registering and in consideration for being permitted by the organization to participate in the *League of Dreams* activity(ies), I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity(ies). This release is intended to discharge in advance the *League of Dreams* (its officers, and/or officials, employees, volunteers and agents) from any and all liability arising out of or connected in any way with my participation in said activity(ies), even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity(ies) involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks (to include but not limited to exposure to participants prone to biting, physical outbursts and/or aggressive tendencies, etc). It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons and entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or injury or property damage that I may sustain while participating in said activity(ies).

PARENTAL CONSENT:

(MUST be completed and signed by parent/guardian if applicant is under 18 years of age)

I hereby consent that my son/daughter participate in the *League of Dreams* activity(ies) and I hereby execute that above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity(ies). I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which may incur as a result of the death or injury or property damage that said minor may sustain while participating in said activity(ies).

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE *LEAGUE OF DREAMS* AND I SIGN IT OF MY FREE WILL.

Signature (Participant or Parent/Guardian, if minor)

Date

Name (printed: Participant or Parent/Guardian, if minor)

Relationship to Participant (if minor)

Note: *League of Dreams* does not provide medical-accident insurance for participants.

Authorization to Use Photographic Image

I, _____, authorize the League of Dreams to do the following:

Use filmed/photographic images me (my child, if signed be parent of minor) for various marketing purposes, including TV, web site, brochures, display, etc.

I, understand that such photographs may be released for extensive public exposure and that I will have no right of privacy related to or proprietary interest in such photographs. This authorization is made notwithstanding my (1) rights to privacy under California and federal law, (2) proprietary rights to use my photographic image under California and federal law, and (3) rights under the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

I understand that I have the right and opportunity to consult with legal counsel concerning this acknowledgment before signing i t and that I have ei ther consul ted with counsel concerning this acknowledgment before signing i t or I have knowingly and voluntarily declined to do so.

Date: _____

Signature of subject, parent of minor

Print Name

Name of minor