

<b>Glenpool Youth Sports, Incorporated</b> <b>P.O. Box 146 Glenpool, OK 74033</b> <b>918 298-0711</b> www.glenpoolbaseball.com		<b>Payment Information</b> Amount \$ _____ Voting Right \$5.00 <b>Y</b> <b>N</b> Sibling in Program <b>Y</b> <b>N</b> Total Amount \$ _____ <b>Paid By</b> Check _____                      Cash	
SPORT: _____			
Participants Full Name: _____			
Birthday: _____		School: _____	
Parents or Guardians full names (both): _____			
Address: _____		State/Zip _____	Home Phone: _____
Mailing Address if different: _____		State/Zip _____	Other Phone: _____
Father's Employer: _____			Work Phone: _____
Mother's Employer: _____			Work Phone: _____
Special requests, information or medical conditions: _____			
Mothers Email: _____		Fathers Email: _____	

**RELEASE OF LIABILITY CONTRACT**

(Parent/Guardian name) \_\_\_\_\_, for himself/herself and for his/her spouse for his/her child (participant) and other children hereby represents, and agrees to the following:

**PARTICIPATION AUTHORIZATION AND RELEASE OF LIABILITY**

My child, \_\_\_\_\_, has my permission to participate in all GYSI sponsored or endorsed activities. The GYSI and its officers, board members, coaches, coaching staff, agents, licensees are hereby released from any and all liability or responsibility for any injury that may occur to my child, to me, my spouse, other children, family members and guests, resulting directly or indirectly from my child's participation in GYSI activities. This includes but not necessarily limited to league, tournaments, practice, practice games, games, transportation to and from games, tournaments or otherwise, and the use of practice facilities, game facilities concession facilities or any facility related to GYSI

**INSURANCE RELEASE**

Check the appropriate blank and complete the information on Item 1, if applicable.

\_\_\_\_\_ 1 This is to certify that my child is covered by the following accident insurance:

(Company Name): \_\_\_\_\_

(Policy Number): \_\_\_\_\_

\_\_\_\_\_ 2 This is to certify the we have NO INSURANCE policy which will cover my child However, my child has my permission to participate in all GYSI activities

**AUTHORIZATION FOR EMERGENCY TREATMENT**

I hereby authorize Dr \_\_\_\_\_ or any physician, surgeon or dentist on the medical staff of \_\_\_\_\_ (or nearest Emergency Medical Center) to administer any emergency treatment, procedure or medicine necessary or advisable when accompanied by an adult.

I further authorize (Players name) \_\_\_\_\_ to be transported to the emergency room at \_\_\_\_\_ (or nearest Emergency Medical Center). I also authorize officials at GYSI to secure the use of an ambulance, if necessary, for transporting my child to the hospital, and/or to administer first aid treatment if necessary. I further agree to pay the hospital, doctors, and ambulance service for all charges rendered to the above named patient. I request that this authorization remain in force as long as my child is engaged in any activity relating to Glenpool Youth Sports, Incorporated, unless notified in writing of a change by me.

Signed by Parent or Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**RULES AND REGULATION CONTRACT**

I, \_\_\_\_\_, have read the Members Rules and Regulations as stated by the Board of Directors of GYSI; I hereby agree to abide by said Rules and Regulations. I have also read and fully understand the penalties prescribed by GYSI for the violation or non-compliance of said Rules and Regulations, and by my signature do agree to these terms and conditions. By my signature all other parents, guardians, relatives, children, family members and/or guests of any of the above named, shall abide by the same Rules and Regulations, their terms and conditions. I further understand that I WILL NOT be allowed any refund after registering, unless approved as an exceptional circumstance by the GYSI Board of Directors.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_