



# Assumption of Risk & Registration Form

Check the Appropriate Level: ( ) T-Ball ( ) Rookie League ( ) Little League ( ) Patty League ( ) Pony League ( ) Larry Doyle

Player Name (Print) \_\_\_\_\_ Date of Birth \_\_\_\_\_ mm / dd / yyyy  
Address \_\_\_\_\_ Circle Sex: M F Age as of Aug. 1st \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ County: Essex or Franklin

### Parent / Guardian Info

P/G #1 (Print) \_\_\_\_\_ Ph \_\_\_\_\_ P/G #2 \_\_\_\_\_ Ph \_\_\_\_\_  
Email: \_\_\_\_\_ Volunteer \_\_\_\_\_ Email: \_\_\_\_\_ Vol. \_\_\_\_\_

Bloomington Boosters, Inc. (BBI) welcomes your child to the Bloomington Youth Sports Program whose mission is to provide children with an opportunity to enhance their well-being through participation in various sporting activities. While we all know of the many benefits of sport, BBI wants all participants and parents/guardians to understand that there are inherent risks in youth sports such as softball, baseball, soccer, and hockey that are impossible to avoid. A few examples of the inherent risks include: unexpected equipment failure, collisions with other players and stationary objects; being struck by a bat, hockey stick, or by a ball; injuries caused by throwing a ball or by trying to run too fast; and vehicular accidents in route to games. Other inherent risks include judgment errors of coaches, umpires, and activity directors regarding a child's readiness, ability to perform a skill, determining the child is fit for play, choice of drills, and failing to foresee the danger in a particular situation. These inherent risks occur during game play, team practice, individual practice, while participant is not active, while observing play or practice, and at any time the participant is on the towns of Franklin and St. Armand sport premises or those of opponents.

These risks can result in 3 types of injury: *Minor Injury* (common) such as bruises, scratches, abrasions, sprains; *Serious Injury* (occasional) such as finger injury; torn muscles, tendons, or ligaments; tendinitis; concussions, broken bones, eye injury, lacerations; and *Catastrophic Injury* (very rare) such as a permanent disability; loss of vision in an eye; paralysis, and even death.

**I, the PARENT/GUARDIAN, understand and appreciate the inherent risks of youth sports. I have explained these risks to my child; I give permission for my child to participate in league activities; the participation of my child is voluntary; and that I (and my child) knowingly assume all inherent risks and release Bloomington Boosters, Inc. (BBI) and protected parties (its officers, any person or entity connected with the team, owner/operators of fields, sponsors, umpires, drivers, and all volunteer coaches) from all responsibility for injury or loss resulting from the inherent risks of sporting activity participation.**

I also **agree to hold harmless, defend, and indemnify BBI and Protected Parties** (that is, defend and pay any judgments and costs, including investigation costs, attorney's fees, and related expenses) from **any and all claims** arising from the inherent risk of participation of my child in BBI youth sports activities.

I further expressly agree that the foregoing Assumption of Risk is intended to be as broad and inclusive as is permitted by the laws of the State of New York and that **if any portion thereof is held invalid**, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I also understand that if any legal action is brought, the appropriate trial court for Essex County, New York has the sole and **exclusive jurisdiction** and that only the substantive laws of the State of New York shall apply.

### I Acknowledge & Affirm:

- One should get medical clearance prior to participation in a vigorous physical activity.
- My child is capable and fit to play BBI youth sports.
- My child has no disabilities that would restrict full participation (except as made known to BBI, coaches, & officials).
- BBI (including coaches, parent activity supervisors, and vehicle drivers) are given authority to perform or authorize emergency treatment and/or care until parents can be reached. When parents cannot be reached, please contact: \_\_\_\_\_ Phone \_\_\_\_\_ who is authorized to act on our behalf. Our family doctor is \_\_\_\_\_ Phone \_\_\_\_\_

**Acknowledgment of Understanding:** In consideration for my child's participation, **I, the PARTICIPANT/PARENT, have read this Agreement** and understand that I am agreeing to assume all inherent risk of injury to my child (that is, I accept full monetary responsibility and release BBI and protected parties from all such liability). I am **voluntarily signing** this agreement, and **intend my signature to be a complete release of all liability resulting from the inherent risks of BBI youth sports activity.**

\_\_\_\_\_  
**Signature of Parent/Guardian #1                      Date                      Signature of Parent/Guardian #2                      Date**

For Official Use Only: Amount Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Birth Certificate Inspected by \_\_\_\_\_ On File \_\_\_\_\_