

# SFYBL Waiver and Registration Form

(Please fill out completely and turn into Coach)

Team Name \_\_\_\_\_ Division: (grade) \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Existing Medical Condition/Medications \_\_\_\_\_

(A Medical Clearance Form signed by a doctor is required if any medical condition exists which would impair the child's ability to participate in the SFYBL program)

Parent/Guardian (#1) Name \_\_\_\_\_ Email \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian (#2) Name \_\_\_\_\_ Email \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

SFYBL (San Francisco Youth Baseball League) is a consortium comprised of SFRP (SF Recreation and Park Dept), FLAME (SF Fire Dept) and SFPAL (SF Police Activities League). Since 1988 this collaboration has been building community by organizing youth baseball in order to fulfill our mission to provide all children in San Francisco a healthy activity that develops character and fosters positive relationships among youth and dedicated volunteers.

SFYBL relies heavily on donations – especially individual contributions – to keep our participation fees to a minimum to help ensure that all children can participate – without regard to their ability to pay. We ask that you partner with us to keep San Francisco Youth Baseball available to all kids who want to play.

Please accept my donation of \$ \_\_\_\_\_ (not tax deductible) to support SFYBL's mission. Please make checks payable to SFYBL.

**All boxes must be checked and your signature below in order for your child to participate.**

**Consent of Medical Treatment** – As the parent/legal guardian of the above named participant, I hereby give consent for emergency medical care. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my child.

**Release of Liability** – I hereby release, discharge and/or otherwise indemnify SFYBL, FLAME, SFPAL, SFPRD, the SFYBL Board of Directors, its Coaches and Volunteers, the San Francisco Fire and Police Departments, the City and County of San Francisco, its affiliated organizations and sponsors, their employees and associated personnel against any claim by or on behalf of the participant as a result of participation in the program.

**Commitment to SFYBL Rules** – I have read the rules of the SFYBL as listed on their website and agree that the participant and I will abide by these rules

**Photo Release** – I give SFYBL permission to use my child's photo in promotional material.

**San Francisco Resident** – I certify that my child resides in and/or attends school in the City of San Francisco.

**My signature verifies that I agree with and hold true the above information.**

Parent/Guardian Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_