

STOW Y.E.S. INC SOFTBALL PLAYER REGISTRATION

P.O. Box 1338 Stow 44224

Player's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Playing Age\* \_\_\_\_\_ School Attending \_\_\_\_\_

\*Playing Age determined as of January 1st of playing year

Last Year's Team \_\_\_\_\_

\_\_\_\_\_ I League (Instructional – Coach Pitch) 6,7,8 year olds.....\$ 125.00

\_\_\_\_\_ A League 9 – 10 year olds.....\$ 150.00

\_\_\_\_\_ 12U rec 11 – 12 year olds.....\$ 150.00

Team / Coach Preference: \_\_\_\_\_

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
E-mail Address

SHIRT SIZE: CHILD - SM MED LG

ADULT - SM MED LG XLG 2XLG

SHORTS SIZE ( I League) CHILD - SM MED LG XL

ADULT - SM MED LG XLG 2XLG

PANTS SIZE (A & 12U REC) CHILD – SM MED LG

ADULT - SM MED LG XLG 2XLG

SOCK SIZE Youth (foot size thru 4) Intermediate (foot size 4.5 - 7.5) Adult (size 8 and up)

NAME ON JERSEY BACK \_\_\_\_\_

NUMBER PREFERENCE (Pick 3) \_\_\_\_\_

Visors Available Upon Request (\$11 charge for A & 12U): \_\_\_\_\_

Would you like to manage a team? \_\_\_ Yes \_\_\_ No

If new to the league, who referred you? \_\_\_\_\_

**As the parent or legal guardian of the above registered player, I understand that by signing this document I release Stow Y.E.S. Inc. , its directors, agents, officers, and volunteers from any liability associated with the activities in which my child is involved. I understand that no player is allowed to be simultaneously rostered on a travel/tournament team while participating in Stow Y.E.S recreational league.**

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY: Date of Registration \_\_\_\_\_ Registration Fee Received \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

Birth Certificate checked by \_\_\_\_\_ 1st Year \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Handel's Card Distributed \_\_\_\_\_



**Minor Waiver/Release**  
**RELEASE OF LIABILITY FOR MINOR PARTICIPANTS**  
**READ BEFORE SIGNING**

**IN CONSIDERATION OF** \_\_\_\_\_, my child/ward, being allowed to participate in any way in **STOW YOUTH SPORTS ELITE INC.** related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury to my child/ward from the activities involved in these programs is significant, including the potential for permanent disability and death and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child/ward's participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child/ward's readiness for participation and/or in the program itself, I will remove my child/ward from the participation and bring such attention of the nearest official immediately; and,
4. I for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS **STOW YOUTH ELITE SPORTS INC.** it's directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the events ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child/ward's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all of the above Releasees from any and all liabilities incident to my child/ward's involvement or participation in these programs. EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(PARENT/GUARDIAN SIGNATURE)  
Date Signed: \_\_\_\_\_

(PRINT NAME)

**UNDERSTANDING OF RISK**

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation and accept them as a participant.

(PARENT/GUARDIAN SIGNATURE)  
Date Signed: \_\_\_\_\_

(PRINT NAME)

**MEDIA RELEASE**

1. I grant permission for my child to be photographed and/or videotaped, or have her name published by Stow Y.E.S. Inc. in a media available to the public (local newspapers, educational newsletters, websites, etc) used to promote or publicize the sports program.
2. I also hereby release Stow Y.E.S. Inc. and its agents, officers, and volunteers from all claims, demands, and liabilities whatsoever in connection with the above.

(PARENT/GUARDIAN SIGNATURE)  
Date Signed: \_\_\_\_\_

(PRINT NAME)

# STOW Y.E.S. INC. SOFTBALL

## MEDICAL INFORMATION AND AUTHORIZATION

PLEASE PRINT

Player's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Health and Medical Information:

Insurance Company: \_\_\_\_\_ Policy / ID No: \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Regular Medications: \_\_\_\_\_

Any restrictions on activities for medical reasons? Explain: \_\_\_\_\_

### Parent Authorization

The information above is correct as far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me and the physician. In the event I cannot be reached in an emergency, I hereby give permission for an adult leader to take the child to the nearest hospital emergency room and for the physician, selected by the adult leader, to administer whatever medical treatment is deemed appropriate, including but not limited to injections, anesthesia, oral medications, surgical procedures and hospitalization. **I will be responsible for payment of bills incurred due to medical expenses rendered.**

I understand that by signing this document I release Stow Y.E.S., its directors, agents, and volunteers from any liability associated with the activities in which my child is involved.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**RELEASE OF LIABILITY, WAIVER OF CLAIMS,  
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**

This Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement (this “**Release Agreement**”) is to certify that I, as a participant or as a parent or guardian with legal responsibility for a minor child or ward that is a participant (hereinafter “**Participant**”), for the benefit of , **Stow Youth Elite Sports** (“**Organization**”) and its directors, officers, employees, teams, players, coaches, instructors, participants, volunteers, guides, agents, representatives, independent contractors, subcontractors, suppliers, sponsors, successors and assigns (all of whom are hereinafter referred as the “**Releasees**”), acknowledge that Participant will be engaged in amateur softball (“**Sport**”), which includes, without limitation, all activities, events or services provided, arranged, organized, conducted, sponsored or authorized by the Releasees and shall include, tournaments; games; practices; and other such activities, events and services in any way connected with or related to the Releasees.

**COVID-19:** The novel coronavirus (“**COVID-19**”), has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact, and those engaged in Sport are not immune from COVID-19 or the associated risks thereof.

**ASSUMPTION OF RISKS:** I further certify and acknowledge that Sport may be inherently dangerous and can cause serious or grievous injuries, including bodily injury, damage to personal property, and death and that Participant recognizes and assumes that risk, whether foreseeable or not reasonably foreseeable, including **COVID-19**, and Participant agrees to participate in Sport. This assumption of the risk shall be considered to the broadest extent possible as allowable by law.

PARTICIPANT IS AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH SPORT AND FREELY ACCEPT AND FULLY ASSUMES ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT:**

In consideration of the Releasees agreeing to allow Participant to participate in Sport and permitting Participant’s use of services, equipment and other facilities, and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, Participant hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that Participant has or may in the future have against the Releasees and to release the Releasees from any and all liability for any loss, damage, expense or injury, including death, that Participant may suffer or that Participant’s next of kin may suffer, as a result of Participant participating in Sport DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE,

INCLUDING ANY DUTY OF CARE OWED, ON THE PART OF THE RELEASEES, AND FURTHER INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT PARTICIPANT FROM THE RISKS, DANGERS AND HAZARDS OF PARTICIPATING IN SPORT;

2. TO HOLD HARMLESS AND INDEMNIFY the Releasees for any and all liability for any property damage, loss or personal injury to any third party resulting from Participant's participation in Sport;
3. This Release Agreement shall be effective and binding upon Participant's heirs, next of kin, executors, administrators, assigns and representatives, in the event of Participant's death or incapacity; and
4. This Release Agreement and any rights, duties and obligations as between the parties to this Release Agreement shall be governed by and interpreted solely in accordance with the laws of the State of Ohio no other jurisdiction.

In entering into this Release Agreement, Participant is not relying on any oral or written representations or statements made by the Releasees with respect to the safety of participating in Sport, other than what is set forth in this Release Agreement.

**I CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS RELEASE AGREEMENT PRIOR TO SIGNING IT, THAT I HAVE SIGNED THIS RELEASE AGREEMENT FREELY, VOLUNTARILY, UNDER NO DURESS OR THREAT OF DURESS, WITHOUT INDUCEMENT, PROMISE OR GUARANTEE BEING COMMUNICATED TO ME. AND I AM AWARE THAT BY SIGNING THIS RELEASE AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.**

Name of Participant (print) \_\_\_\_\_ Age \_\_\_\_\_

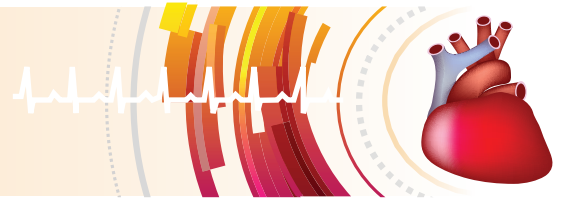
Signature of Parent/Guardian (Signature) \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Guardian (print) \_\_\_\_\_

Participant Home Address \_\_\_\_\_

Participant Phone Number \_\_\_\_\_

# Sudden Cardiac Arrest and Lindsay's Law Parent/Athlete Signature Form



**What is Lindsay's Law?** Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. It covers all athletes 19 years or younger who practice for or compete in athletic activities. Activities may be organized by a school or youth sports organization.

**Which youth athletic activities are included in Lindsay's law?**

- Athletics at all schools in Ohio (public and non-public)
- Any athletic contest or competition sponsored by or associated with a school
- All interscholastic athletics, including all practices, interschool practices and scrimmages
- All youth sports organizations
- All cheerleading and club sports, including noncompetitive cheerleading

**What is SCA?** SCA is when the heart stops beating suddenly and unexpectedly. This cuts off blood flow to the brain and other vital organs. People with SCA will die if not treated immediately. SCA can be caused by 1) a structural issue with the heart, OR 2) an heart electrical problem which controls the heartbeat, OR 3) a situation such as a person who is hit in the chest or a gets a heart infection.

**What is a warning sign for SCA?** If a family member died suddenly before age 50, or a family member has cardiomyopathy, long QT syndrome, Marfan syndrome or other rhythm problems of the heart.

**What symptoms are a warning sign of SCA?** A young athlete may have these things with exercise:

- Chest pain/discomfort
- Unexplained fainting/near fainting or dizziness
- Unexplained tiredness, shortness of breath or difficulty breathing
- Unusually fast or racing heart beats

**What happens if an athlete experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play?** The coach MUST remove the youth athlete from activity immediately. The youth athlete MUST be seen and cleared by a health care provider before returning to activity. This written clearance must be shared with a school or sports official.

**What happens if an athlete experiences any other warning signs of SCA?** The youth athlete should be seen by a health care professional.

**Who can evaluate and clear youth athletes?** A physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist, certified nurse midwife. For school athletes, a physician assistant or licensed athletic trainer may also clear a student. That person may refer the youth to another health care provider for further evaluation.

**What is needed for the youth athlete to return to the activity?** There must be clearance from the health care provider in writing. This must be given to the coach and school or sports official before return to activity.

All youth athletes and their parents/guardians must review information about Sudden Cardiac Arrest, then sign and return this form.

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Parent/Guardian Signature

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Student Signature

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Parent/Guardian Name (Print)

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Student Name (Print)

-----  
Date

-----  
Date