

2024 BHBC Registration Form
Fill ALL lines provided

Player Name: _____

Main Address: _____

Address 2 (if applicable): _____

City: _____ State: _____

Zip Code: _____ Phone: _____

Valid Parent Email: _____

Birthdate (Month-Day-Year): _____

Grade: _____

Shirt Size: YXS YS YM YL AS AM AL

Hat Size: XS/S S/M M/L L/XL

Will your Player Need the Following Assistance? (Circle each that apply):

Registration Sponsorship

Baseball Pants

Equipment/Gear/Cleats

Parent/Guardian #1

Name: _____ Phone: _____

Email: _____ Occupation: _____

Parent/Guardian #2

Name: _____ Phone: _____

Email: _____ Occupation: _____

MEDICAL RELEASE FORM

Emergency contact: _____ Relationship to player: _____

Phone: _____

Insurance carrier: _____ Phone: _____

Policy: _____

I/We, the parents/guardians of the above-named player for a position on BH Bruins, a Brookings Harbor Baseball Club-insured team (AKA BHBC), team, hereby give my/our approval to participate in any and all BHBC activities, including transportation to and from the activities.

(1) I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the local BHBC, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

(2) If applicable, I/We agree to return equipment issued to my/our child in as good condition as when received except for normal wear and tear. Any damage received to equipment may result in an Equipment Replacement Fee that is of equal value to the equipment that was given. The following will result in such fee; mishandling, improper washing methods, damage received away from a BHBC function/event, loss of equipment.

(3) I/We agree that our child may be asked to leave an event, practice, or competition if they are acting in a way that is disrupting the environment and its ability to function. I/We understand that we must receive the child as soon as possible if the occasion does arise. BHBC will always provide a reasoning or description of actions that resulted in a player being removed from a BHBC function.

(4) I/We understand that we may need to adjust our schedule/location, and possibly even cancel workouts, on a day to day basis during workouts due to the following; Weather, Closures, Illness/Sickness of any kind, Unavailability of coaches, and any other emergency that the Club Manager and/or Head Coach may deem necessary.

Signature: _____

Date: _____

**ASSUMPTION OF THE RISK RELATING TO CORONAVIRUS (COVID-19) AND
WAIVER OF LIABILITY**

BHBC is authorized to return to play by the State of Oregon pursuant to the Health and Safety regulations currently in effect (and as may be modified) in response to the pandemic known as the "COVID-19" Virus. Crush is committed to following best practices as published by federal and state health authorities to protect your children and our athletes ("athlete"). This **ASSUMPTION OF THE RISK RELATING TO CORONAVIRUS (COVID-19) AND WAIVER OF LIABILITY** is known as ("agreement").

To manage the risk, BHBC through its coaches (collectively, "staff"), the athletes and each parent must cooperate to comply with preventative measures and social distance guidelines but not limited to the following:

- Staff, Athlete, and or parent will not attend a club activity if exhibiting signs or symptoms of any illness, especially COVID-19, in the prior 14 days or upon exposure to someone who has been ill prior 14 days;
- Staff will regularly communicate with each athlete and observe them for signs or symptoms of COVID-19;
- Training sessions will ensure social distancing guidelines;
- Athletes are encouraged to sanitize equipment before and after activities;
- Athletes must use their own water bottles, towels, personal hygiene products;
- Physical contact between athletes will be in alignment with developing medical guidance;
- Athletes will be allowed, but are not required, to wear cloth, surgical, or similar face coverings during activities.

By signing below, you (on behalf of yourself and your immediate household as "You"): (1) Acknowledge the risk of infection with COVID-19 notwithstanding BHBC's effort to mitigate this risk; (2) voluntarily agree to follow reasonable instructions by BHBC coaches, set forth above and may be required in the future to mitigate risk of infection for all parties; (3) You assume the risks of infection by the COVID-19 virus in participating in softball activities offered by BHBC. Activities include practices, games, team activities and possibly travel to other facilities not under the control of the Club for baseball activities.

By signing below, you represent that you have carefully reviewed and fully considered this document, made the representations in this Agreement voluntarily and agree to the following waiver of Club's liability:

RELEASE CLAUSE. I voluntarily agree to assume all of the foregoing risks described in this Agreement and accept sole responsibility for any injury to my child(ren) and myself related to or arising from the COVID-19 virus, including, but not limited to, personal injury, illness, death, damage, monetary loss, claim, liability, or expense of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s participation at BHBC activities ("Claims"). On my behalf, and on behalf of my child(ren), I hereby release BHBC, AYSAA youth sports Insurance provider, Southern Oregon League, City of Medford, City of Brookings, Brookings-Harbor School District, and each of their officers, directors, employees, agents, coaches, independent contractors, chaperones, representatives, and members of the Club from any and all claims, demands, and causes of action, whether resulting from negligence or otherwise, of every nature and in conjunction with a Club activity as set forth in this Agreement.

Date: _____

Signature of Parent/Guardian: _____

Print Name of Parent/Guardian: _____

PRINT THE NAME OF THE MINOR CHILD FOR WHOM YOU ARE SIGNING THIS WAIVER AND
RELEASE: _____

Internal use ONLY

Birth Certificate? _____

Medical Release portion filled? _____

Insurance form signed? _____

Fee Paid? _____