

Year: \_\_\_\_\_

# Must be signed by player and parent/guardian

Team name, Mgr. & Age: \_\_\_\_\_

Please print clearly

## ANNUAL PLAYER REGISTRATION FORM

NAME: \_\_\_\_\_ HOME PHONE#: \_\_\_\_\_

Cell#(M) \_\_\_\_\_ (F) \_\_\_\_\_ Work#(M) \_\_\_\_\_ (F) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ Player's Cell # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

AGE AS OF **May 1** \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PARENTS/GUARDIANS NAMES: \_\_\_\_\_

\_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADUATION YEAR \_\_\_\_\_

### CONSENT FOR TREATMENT AND LIABILITY WAIVER/ RELEASE FORM AND COVENANT NOT TO SUE

Closest Relative Not Living with Player: \_\_\_\_\_ Phone# \_\_\_\_\_

Health Ins. Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Phone# \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medication \_\_\_\_\_ Blood type (if known) \_\_\_\_\_

Does your son/daughter have any medical condition or limitation that might in any way affect his/her ability to participate in rigorous athletic competition? Yes \_\_\_ No \_\_\_ If yes, explain fully: \_\_\_\_\_

Has your son/daughter received hospital care of any kind in the last 5 years? Yes \_\_\_ No \_\_\_ If yes, explain fully: \_\_\_\_\_

I have authority and give my consent for \_\_\_\_\_, my son/daughter, to participate in all games, activities and trips sponsored or coordinated by TSA d/b/a Titans Sports Academy, LLC or its successors or assigns (hereinafter referred to as "TSA") and/or its affiliated teams including the \_\_\_\_\_ (team name) managed by \_\_\_\_\_ (hereinafter referred to as the "Manager"). I acknowledge that each TSA affiliated team operates financially independent from TSA and that the Manager and/or Business Manager of each team is responsible for the collection and accounting of all monies tendered and used to cover the expenses of the team. I acknowledge that it is each team's parent's responsibilities to raise the necessary funds to meet the team's budget and to assure that funds are accounted for. I further agree to waive, release and discharge TSA from any liability relating, in any way, to team fees or funds. I further grant permission to TSA, the Manager or his designee to disclose or provide player information (including contact information) to any website or other baseball-related publication, entity or program. Furthermore, I, the undersigned parent (or legal guardian) of the above named child, agree to waive, release and discharge TSA and its employees, officers, officials, managers, coaches, assistant coaches, sponsors, advertisers, parents and other affiliated persons (hereafter the "TSA Releasees") for any damages or losses, direct or indirect, caused or incurred as a result of any baseball-related information disclosed as contemplated herein. I understand that out-of-town travel by car, airplane or other means of transportation may be required, as well as associated overnight lodging. I, the undersigned parent (or legal guardian) of the above named child, do hereby agree to waive, release and discharge from any liability (arising from any injury, illness or property damage occurring from any team activity, game, or transportation thereto), all TSA Releasees coaching, providing transportation, serving as chaperones or engaging in other related functions concerning travel (including persons and entities in other localities providing lodging for overnight trips and playing/practice facilities). **This form does not relieve parents of their obligation to decide with whom their child should be with when they are not present.** If I am asked and agree to provide transportation or serve as a driver during a team or TSA-related event, I hereby agree to waive, release, discharge and indemnify any and all TSA Releasees from any claim, damages, and costs including attorneys fees liability relating, in any way, to my provision of transportation or driving. Prior to agreeing to provide such services, I will ensure that my drivers' license and auto insurance are valid, applicable and enforceable. I understand that there are certain risks of damages and injuries, including death, inherent in the practice and play baseball as well as in traveling and other related activities incidental to my child's participation as described herein, and I am willing to assume these risks on behalf of my child. On behalf of my child and myself, I do voluntarily elect to accept and solely assume all risks of injury incurred or suffered by my child while participating in the activities contemplated herein. I further hereby waive, release, discharge the TSA Releasees for any claim, damages, costs including attorneys fees, or cause of action which I or my child have or may have in the future as a result of damages, injuries, including death, sustained or incurred by my child from whatever cause including, but not limited to, the negligence, breach of contract or wrongful conduct of the parties hereby released. I further hereby request and grant permission to managers, coaches, assistant coaches, other officials and chaperones designated by TSA to obtain reasonable medical care for my child named above in the event of injury or illness during any team activity if a parent or legal guardian is not present. Such care may include, but shall not be limited to, first aid treatment, transportation to a medical facility and authorization for a physician to perform treatment as recommended by the physician. (Parents will be notified in case of serious illness or injury as quickly as they can be contacted, but this release will make immediate treatment possible). I agree to fully indemnify and hold harmless any and all TSA Releasees for those applicable matters set forth herein including all claims made or liabilities assessed as a result of my actions. **I further specifically agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein on behalf of myself and/or on behalf of my child.** All questions regarding the validity, operation, interpretation and construction of this Waiver and Release Agreement will be governed by and determined in accordance with the laws of the State of Georgia. All parties hereto agree that any legal action filed arising from or relating to this Waiver and release Agreement, my child's participation in the TSA program or my participation, as the case may be, shall be exclusively filed and adjudicated in the Superior Court of Cobb County, Georgia. The parties to this hereto hereby consent to the sole and exclusive jurisdiction of said Court over the parties and shall not take any legal action to challenge such jurisdiction.

Signed: \_\_\_\_\_  
(Parent/Guardian) and/or player if age 18 or older Relationship \_\_\_\_\_ Date \_\_\_\_\_

I, the above named player, understand that I must follow all rules and regulations set forth by Titans Sports Academy and must conduct myself in a sportsmanlike manner at all times. I understand that there will be no tolerance for alcohol, drugs, destruction of property, or stealing. I understand that I will not be given a second chance or a refund of any fees if I break these rules. I agree that if I fail to abide by the aforementioned terms, I may be dismissed or suspended from the program at the sole discretion of TSA.

Signed by Player: \_\_\_\_\_ Date \_\_\_\_\_