

Barrie Integrated Baseball Association
Player/Field Volunteer Registration Form & Waiver 2024

Player (\$100):

Coach:

Field Volunteer:

Name:	
Address Line 1:	
Address Line 2:	
Phone Number:	
Date of Birth:	
Email Address:	

All players must be at least eighteen years of age to be eligible to play. All players with completed registration forms will be accepted on a first come, first served basis. All players must have paid for the season in full before the first game to secure player status for the season. Players will be assigned to a team when a complete registration form and full payment is made. Uniforms and any supplied equipment must be returned by the end of the season.

There is no guarantee of specific team placements.

There are no refunds for the 2024 season.

Special requests will be considered when transportation is an issue.

Please notify us what special considerations need to be made, and the reason why?

Office Use Only	
Registered By	
Registration Date	
Player Number	
Signed Waiver & Consent Form	
Team	
Shirt Number	

Please complete other page

Player Information (please circle)

Did you play in this league last year?	Yes		No
Have you played baseball before?	Yes		No
Do you need assistance batting?	Yes	Some	No
Do you need assistance running?	Yes	Some	No

Living Arrangements (please circle)

Independent	Family	Group Home	Other (write below)
-------------	--------	------------	---------------------

Medical History (If you check yes to any of these, please give details below)

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	Food Allergies
<input type="checkbox"/>	<input type="checkbox"/>	Sting/Bite Allergies
<input type="checkbox"/>	<input type="checkbox"/>	Drug Allergies
<input type="checkbox"/>	<input type="checkbox"/>	Asthma
<input type="checkbox"/>	<input type="checkbox"/>	Blindness/Visual Problems
<input type="checkbox"/>	<input type="checkbox"/>	Bone/Joint Problems
<input type="checkbox"/>	<input type="checkbox"/>	Chest Pain
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	<input type="checkbox"/>	Dietary Restrictions
<input type="checkbox"/>	<input type="checkbox"/>	Other:

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	Emotional/Psychological/Behaviour Problems
<input type="checkbox"/>	<input type="checkbox"/>	Hearing Loss/Hearing Aid
<input type="checkbox"/>	<input type="checkbox"/>	Major surgery or serious illness
<input type="checkbox"/>	<input type="checkbox"/>	Heat Stroke/Exhaustion
<input type="checkbox"/>	<input type="checkbox"/>	Concussion/Head Injury
<input type="checkbox"/>	<input type="checkbox"/>	Non-Verbal
<input type="checkbox"/>	<input type="checkbox"/>	Seizures/Epilepsy/Fainting
<input type="checkbox"/>	<input type="checkbox"/>	Uses Wheelchair
<input type="checkbox"/>	<input type="checkbox"/>	Medication (please list below)
<input type="checkbox"/>	<input type="checkbox"/>	Other:

Medical/Additional Details

Player/Coach Relationship Information (Behaviour management, communications, limitations, etc.)

Emergency Contacts (Numbers reachable during game time please)

Name:	Number:
Name:	Number:

Barrie Integrated Baseball Association
Accident/Injury Waiver & Media Consent 2024

THIS AGREEMENT AFFECTS YOUR LEGAL RIGHTS. READ IT CAREFULLY!
THIS DOCUMENT CANNOT BE MODIFIED WITHOUT PRIOR APPROVAL

ACCIDENT/INJURY WAIVER

You, the Player, are aware that there are risks with participating in Sports activities and exercise. Your participation is completely voluntary, and you freely accept and fully assume all responsibility for all risks, and all possibilities of personal injury, death, property damage or loss to yourself or any other person as a result of your participation in Sports activities. You and your heirs, next of kin, executors, administrators and assigns agree:

- A) To waive all claims, known or unknown, that you have or may have in the future against Barrie Integrated Baseball Association, including their officers, directors, agents, employees, members, volunteers, independent contractors and site property owners or lessees. (the organization/B.I.B.A.);
- B) That B.I.B.A. is not liable or responsible for any damage to, loss or theft of your property;
- C) To release and forever discharge B.I.B.A. from all liability for any personal injury, death, property damage or loss resulting from your participation in Sports activities due to any cause, including but not limited to negligence (failure to use care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake in error of judgement of B.I.B.A.; and
- D) To be liable for and to hold harmless and indemnify B.I.B.A. from all actions, proceedings, claims, damages, costs demands, including court costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with your participation in Sports activities.

COVID-19 WAIVER

I waive any right to claim against Barrie Integrated Baseball Association, including their owners, officers, directors, agents, employees, volunteers, business operators, independent contractors and site property owners or lessees (the “organization”) for any bodily injury, loss or damage as a result of any exposure to Covid 19.

MEDIA CONSENT

You, the Player, hereby grant permission to Barrie Integrated Baseball Association representatives, to take and use photographs and/or digital images of me for use in:

- A) Media releases, media articles – including newspapers, radio, television – printed publications and/or educational materials.
- B) Electronic publications and communications such as the association’s Facebook site and website.
- C) I agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s).
- D) I authorise the use of these images without compensation to me. All negatives, prints, digital reproductions and shall be the property of Barrie Integrated Baseball Association.

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

Guardian/Support Staff Name: _____ **Relation:** _____

Signature: _____ **Date:** _____