



## ANNAPOLIS ALL-STARS II, INC.

### REGISTRATION

PLAYER'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE# \_\_\_\_\_ EMAIL \_\_\_\_\_ SPORT \_\_\_\_\_

### CONSENT-RELEASE-INDEMNIFICATION

I hereby grant unto my child/ward permission to participate in the sport as indicated for the Annapolis All-Stars II, Inc. (hereinafter referred to as AAS) for the current season. I agree to be jointly and severally responsible for All Equipment, Uniforms, etc. issued to my child/ward and to see to the same in a clean condition, wear and tear excepted, or the value thereof (\$450). I agree that All Equipment and Uniforms will promptly be returned to AAS at the END of the player's last game.

I acknowledge that I have been advised that registration fees cover the Use of the Equipment, Uniform, Pom-Poms and County fees. I further acknowledge that I have been advised that AAS furnishes no insurance on my child and consequently, I accept full responsibility for any medical expenses that may be incurred on my child's behalf. I further authorize AAS, its officers, members, coaches, agents, and representatives to administer first aid to my child and to incur emergency medical expenses in my name.

In consideration of AAS permitting my child/ward the privilege of participation in its program, I do hereby wave and release and forever discharge AAS, its officers, members, coaches, agents, representatives and all game officials, landlords, owners or occupants of land upon which my child/ward might practice or play in said activity from any and all claims of whatsoever nature as may arise as a result of my child's/ward's participation with AAS. In addition, I do further agree to indemnify and hold harmless and to keep indemnified the above-named individuals from and against all claims, damages cost (including attorney's fees), expenses and demands whatsoever, which they may or might otherwise at any time sustain, suffer or be liable for as a result of my child's participation with AAS.

Parent's/Guardian's Name \_\_\_\_\_

Parent's/Guardian's  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**WAIVER/RELEASE FOR COMMUNICABLE DISEASES, INCLUDING COVID-19**

**ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT**

In consideration of being allowed to participate on behalf of **Annapolis All-Stars, II** athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. 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 participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS (insert name of sports organization) their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, 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 IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of Participant: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

**Note:** For participants under age 18, this signature section should be skipped. Instead, the parent/guardian needs to follow the instructions below.

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I, for myself, my spouse, and child/ward, do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of Participant: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_



**ANNAPOLIS ALL-STARS II, INC.**

**EMERGENCY MEDICAL FORM**

PARENT'S NAME \_\_\_\_\_

PLAYER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE# \_\_\_\_\_ EMAIL \_\_\_\_\_

PLAYER'S DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_

PLAYER'S PHYSICIAN \_\_\_\_\_ PHONE# \_\_\_\_\_

ALLERGIES \_\_\_\_\_

LIST TWO PERSONS WE CAN CALL IN CASE OF EMERGENCY

NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

I understand for those Emergencies requiring immediate medical attention, my child/ward will be taken to the nearest Hospital Emergency Facility, and I hereby give Annapolis All-Stars II, Inc. permission to administer first aid to my child/ward.

\_\_\_\_\_

Parent's/Guardian's Signature

\_\_\_\_\_

Date