NORTH CAMBRIDGE LITTLE BASEBALL LEAGUE. INC.
INJURY RELEASE/REGISTRATION FORM

Player's Name: _____

Player's Address: _____

_____

Telephone Number: _____**Emer. #/Cell#:**_____

E-Mail Address: _____ **School:** _____

Date of Birth: Month _____ Date _____ Year _____

Parent/Guardian: (PLEASE PRINT)

Guardian Name: _____ relationship to player_____

Cell:_____email_____

Guardian Name: _____ relationship to player_____

Cell:_____email_____

I/We the parent[s]/guardian[s] of the above-named player hereby give permission for the player to participate in North Cambridge Little Baseball League (NCLBL). We understand and agree that unless withdrawn by written notice to the President of NCLBL, this permission shall extend from year to year until such time as the player graduates from NCLBL or otherwise ceases participation in the program.

I/We the parent[s]/guardian[s] of the above-named player understand and acknowledge that there is a risk of injury associated with playing baseball, and also risks associated with transportation to and from games and practices. I/We, as the parent[s]/guardian[s] of the above-named player, agree to assume all such risks, whether they relate to playing baseball or transportation to and from the playing field, for as long as the player continues to participate in NCLBL.

I/We the parent[s]/guardian[s] of the above-named player hereby agree to indemnify and hold harmless NCLBL, their officers, board members, agents, coaches, volunteers and representatives from and against any and all claims, liability, losses, costs, damages and expenses incurred or sustained by your child, arising out of or in connection with the above-named player's participation in NCLBL **As I am sure you are aware, the risk of infection from the COVID 19 virus is high during this pandemic. This release of liability against NCLBL, its coaches, staff and volunteers includes any risk or harm that your child may be exposed to the COVID 19 virus and/or from any transmission or infection from any infectious disease or any consequences from contracting or transmitting the COVID 19 virus.**

North Cambridge Little Baseball has a website at www.nclbl.org where pictures of game action and players will be posted from time to time. If you object to yours or your child or ward's picture or image being photographed and/or displayed on the North Cambridge Little Baseball League website please check next to the word "Decline" to the right. Decline ___

Right to Medical Treatment of a Minor: I hereby give my consent to have the above named child treated by a physician or surgeon in case of a sudden illness or injury while participating with NCLBL. It is understood that NCLBL provides no medical insurance for such treatment and NCLBL takes no responsibility for the cost or quality of the medical treatment provided. Please note that the potential nature of such illnesses or injuries may require the use of emergency medical personnel.

I have read and understand all of the terms and conditions set forth above and my signature is my informed consent.

_____ Date: _____**and/or**_____ Date: _____
Signature: Guardian Signature: Guardian