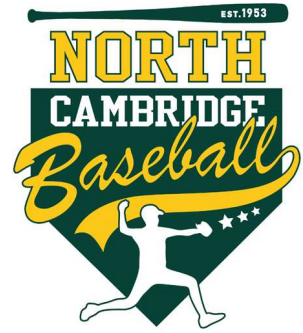


NORTH CAMBRIDGE LITTLE BASEBALL LEAGUE
MEMBERSHIP FORM & WAIVERS



This form will add your player as a member of our League & allow them to begin participating in League activities

PLAYER

FIRST NAME _____ FAMILY NAME _____

ADDRESS _____

SCHOOL _____ GRADE _____ DOB _____

PARENT / GUARDIAN 1

NAME _____

EMAIL _____ PHONE _____

PARENT / GUARDIAN 2

NAME _____

EMAIL _____ PHONE _____

LIABILITY WAIVER

- I/We the parent[s]/guardian[s] of the above-named player/s hereby give permission for the player/s 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 We understand and agree that unless withdrawn by written notice to the President of NCLBL, this permission shall extend from year to year until such time as the player/s graduate/s from NCLBL or otherwise ceases participation in the program.
- I/We the parent[s]/guardian[s] of the above-named player/s 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/s, 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/s continue/s to participate in NCLBL.
- I/We the parent[s]/guardian[s] of the above-named player/s hereby agree to indemnify and hold harmless the NCLBL, their officers, board members, agents and representatives from and against any and all claims, liability, losses, costs, damages and expenses incurred or sustained by them, arising out of or in connection with the above-named player's/players' participation in NCLBL.
- This release of liability against NCLBL, its coaches, staff and volunteers includes any risk or harm that your child/children 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.
- Consent to Medical Treatment of a Minor: I hereby give my consent to have the above named child/children 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.

PRINTED NAME _____

SIGNATURE _____ DATE _____

MEDIA RELEASE WAIVER

- I/We the parent[s]/guardian[s] of the above-named player/s, authorize the NCLBL to film or photograph my child/children, and to use these films and images in material created and distributed by NCLBL, for purposes related to NCLBL activities and events. This might include, but is not limited to, posting on the NCLBL website, on NCLBL social media such as Facebook, and as part of NCLBL promotional or press material. Films and photos of players may also be used by and in connection with NCLBL Donor press material, City of Cambridge press material, and community groups affiliated with NCLBL. No names will be used or posted on any materials.
- By checking this box and accepting the terms of this waiver, I grant permission as stated herein and expressly authorize NCLBL to use, in whole or in part, my child's/children's image. By entering into this informed consent I release the NCLBL and their officers and volunteers from and against any and all liability, loss, damage, costs, claims and/or causes of action arising out of or related to my child's/children's participation in NCLBL films and photos, or use of NCLBL films or photos which include my child/children.

NO, I do not accept the terms of the Media Release Waiver

YES, I accept the terms of the Media Release Waiver

PRINTED NAME _____

SIGNATURE _____ DATE _____