



YOUTH PLAYER REGISTRATION



Organization: _____ Sport: Baseball/Softball/Football/Basketball Division: _____

For the Player:

Last Name: _____ First: _____ MI: _____ Birth Date: _____

Address: _____ City: _____ TN Zip Code: _____

School: _____ Grade: _____ Seasons in this sport: _____ Seasons in other sports: _____

Do you have medical Insurance? Yes No Carrier: _____ #: _____

Doctor's Name: _____ Phone: _____

Please list any medical condition(s), disabilities, present injuries, heart or respiratory illness or other conditions that may affect this child's ability to play: _____

Father/Guardian: Email address: _____

Last Name: _____ First: _____ Home Phone: _____ Work: _____

Mother/Guardian: Email address: _____

Last Name: _____ First: _____ Home Phone: _____ Work: _____

Emergency Authorization

If there is an emergency during participation in this program and I or another parent or guardian is not present, I authorize treatment and/or care at any hospital and I hereby authorize the volunteers and staff of this program as my agents. If I cannot be reached please contact the following person who is hereby authorized on my behalf:

Emergency Contact: _____ Phone: _____

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:

To accept registration and permit participation in Knox County programs by the named participant, I the parent or guardian of said participant, hereby give my consent and agree to release, indemnify, and hold harmless Knox County, its officials, coaches, representatives and volunteers from any claim arising out of injury to the named participant.

For myself and on behalf of my heirs, assigns and next of kin, I acknowledge that participation in this program may include travel, participation on adverse field conditions, and risk of physical injury or death. For myself and on behalf of my heirs, assigns and next of kin, I willingly and voluntarily accept and assume all such risks of participation. I hereby release, discharge and agree to hold harmless Knox County, its employees, volunteers, officials, sponsors and other representatives from any and all claims, demands, costs, expenses and compensation arising out of or in a any way related to any injury or other damage that may result to the participant while participating in this Knox County sponsored activity.

INSURANCE ACKNOWLEDGEMENT

I acknowledge that Knox County provides limited, secondary medical insurance to serve as a supplement to my primary medical insurance and will serve as primary coverage only in the event I have no medical insurance (please see Knox County for limits of insurance coverage and deductibles).

I am interested in volunteering for: Coach Asst. Coach Team Parent Other: _____
The below signed parent or legal guardian has read and understood the above information.

Signature of Parent or Guardian: _____ Date: _____

TO BE COMPLETED BY COACH: Coaches Name: _____ Phone: _____
Email address: _____