



# 2023 FRONTIER GIRLS SOFTBALL LEAGUE

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

Address: \_\_\_\_\_ Grade: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Telephone: \_\_\_\_\_

Parents/Guardians Name: \_\_\_\_\_ e-mail \_\_\_\_\_

## MEDICAL INSURANCE AND/OR MEDICAL CHARGES POLICY

By nature, many programs provided by the Deerfield, Conway, Sunderland and Whately Recreational Department have inherent risks associated with participation. The Deerfield, Conway, Sunderland and Whately Recreational Department and/or Town of Deerfield, Conway, Sunderland and Whately DO NOT PROVIDE ACCIDENT OR HOSPITALIZATION INSURANCE FOR PROGRAM PARTICIPANTS. Therefore all participants are required to have medical insurance and/or be responsible for any and all costs of any nature or kind whatsoever for injuries or treatments which may arise out of participating in the Deerfield, Conway, Sunderland and Whately Recreational Programs. Participation in all department programs is voluntary and participation is at the participant's own risk.

### Consent to Medical Treatment:

As a parent or legal guardian of the above named participant or as a participant myself, I hereby give my consent for any and all emergency medical care taken by a duly certified, trained, and/or licensed emergency care technician, doctor, dentist, nurse, first responder, or other appropriate similarly licensed or certified personnel, as may be administered in the process of providing emergency care of whatever form necessary to preserve life, limb or well being.

I authorize and request the Town of Deerfield, Conway, Sunderland and Whately to give, disclose and release to any emergency care provider all individually identifiable health information as I have provided to the Town of Deerfield, Conway, Sunderland and Whately. This authorization and request is a consent to the release of such information under current and future laws, rules and regulations, including but not limited to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and regulations promulgated pursuant thereunder.

Parents / Guardian Signature or Self: \_\_\_\_\_

Medical Conditions / Allergies: Yes: \_\_\_ or No: \_\_\_ Please describe in detail any medical conditions or allergies about which the Deerfield, Conway, Sunderland and Whately Recreational Department or any potential medical care provider should be aware:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reservation of Authority to Determine Participation:** The Town of Deerfield, Conway, Sunderland & Whately reserves the right to determine its capability of serving any child and has the right and responsibility to deny admission or terminate enrollment for any child whose behavior may be deemed disruptive or harmful to the program or other children participating in the program.

**Make check payable to: Town of Deerfield**

**OVER** →

Shirt Size: Please Circle YS YM YL AS AM AL AXL

Day your child is unavailable for practice \_\_\_\_\_

Cost: Grade 2-5 \$65.00 \_\_\_\_\_ Grade 5-9 \$75.00

### **REQUEST FOR VOLUNTEERS:**

Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_ Umpire \_\_\_\_\_

### REC USE ONLY

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_

**CONSENT AND RELEASE FORM**

I, \_\_\_\_\_, the undersigned parent or guardian of \_\_\_\_\_, a minor, do hereby consent to my child's participation in voluntary athletic or recreational programs of the Town of Deerfield, Conway, Sunderland & Whately.

I agree and covenant to forever RELEASE, acquit, discharge and hold harmless the Town of Deerfield, Conway, Sunderland & Whately, the Recreational Committees, and any and all of its employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in the voluntary athletic or recreational programs of the Town of Deerfield, Conway, Sunderland & Whately (hereinafter collectively the "Town of Deerfield, Conway, Sunderland & Whately") from any and all claims of any nature whatsoever, rights of action and causes of action that may have arisen in the past or which may arise in the future, directly or indirectly, from any and all known or unknown personal injuries to my child or property damage resulting from or in any way growing out of, directly or indirectly, and which my said minor child has or hereafter may acquire, either before or after he/she has reached his/her age of majority resulting from my child's participation in the Town of Deerfield, Conway, Sunderland & Whately voluntary athletic or recreational programs.

I hereby forever, RELEASE, indemnify, defend and hold harmless the Town of Deerfield, Conway, Sunderland & Whately against any and all legal claims of any nature or kind whatsoever and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the Town of Deerfield, Conway, Sunderland & Whately voluntary athletic or recreational programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand and agree that the Town of Deerfield, Conway, Sunderland & Whately reserves the right to determine its capability of serving my child and has the right and responsibility to deny admission or terminate enrollment for my child or any child whose behavior may be deemed disruptive or harmful to the program or other children participating in the program. I further understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the Town of Deerfield's, Conway's, Sunderland's and Whately's athletic or recreational programs with full knowledge that the Town of Deerfield, Conway, Sunderland & Whately will not be liable to anyone for personal injuries or property damage my child or I may suffer in the voluntary participation of the Town of Deerfield, Conway, Sunderland & Whately athletic or recreational programs.

Signed: \_\_\_\_\_

Parent or Guardian of: \_\_\_\_\_  
(Please print clearly)

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

## IMAGE RELEASE FORM

In consideration of participation in the Deerfield Recreation Department's programs, the undersigned agrees that their likeness, or the likeness of their child/ward, may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the Deerfield Recreation Department's programs.

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(Parent/Guardian Signature) (Print Name) Date

Names of children:

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