



**Rapids Baseball Fall Ball League
2019 Player Fall Ball Registration**

Player Name: _____

High School: _____

Phone: () - (Home)
 () - (Cell)
 () - (Work)

Best number to call: Cell Home Work

E-mail: _____

You must be sure to attach the RBI medical release form to this form or your registration is not complete.

\$100 – Registration Fee

Return registration, medical release and registration fee to your coach with a check made payable to:

Rapids Baseball Incorporated

Rapids Baseball Incorporated

Player Name _____

High School Name _____

CONSENT TO TREATMENT LIMITATION AND WAIVER OF LIABILITY

In consideration of our son's participating in the above named event hosted by RBI, we agree as parents and/or legal guardians of _____ do hereby agree to limit the liability of RBI, its employees, agents, officers, staff and any consulting physicians, to the coverage of the medical insurance policy covering participants in the event, which coverage may change from time to time. I/we further agree to waive all liability of RBI, its employees, agents, officers, staff and physicians, for any accident, injury (including death), illness or other mishap which might befall the above-named player/participant while traveling to or from, or during his attendance at the event, which is not covered by said medical insurance policy. Further, I/we hereby grant permission to the staff and consulting physicians of RBI, any medical or surgical consultant deemed advisable, and any hospital to render to the above-named participant any medical and surgical treatment that they deem necessary. I/we understand that all possible effort will be made to inform me/us in case of such treatment.

PLAYER'S HEALTH INFORMATION

To be completed and signed by the player's parents or legal guardian

_____ Asthma _____ Diabetes _____ Heart Disease _____ Rheumatic Fever _____ Bleeding Disorders _____
Convulsions/Seizures _____ Head Injury/Concussions _____

Allergies to Drugs: _____

Allergies to Foods: _____

Last Tetanus Immunization (date): _____

Current Medications: _____

Chronic or Recurring Illnesses:

Operations/Injuries (include dates):

Physical Restrictions*:

Physician Telephone (_____) _____

Dentist Telephone (_____) _____

Medical Insurance _____ Policy Number _____

PARENT AUTHORIZATION FOR RELEASE OF INFORMATION

This health history is correct to the best of my knowledge and my son has my permission to participate in baseball activities with the exception of those noted above*. I authorize RBI or the team manager, coach or their agents to release medical information regarding the above named participant to interested parties including parents and family physician.

Parent or Legal Guardian Must Sign Here: _____

Printed Name: _____

Return to your coach with payment.

RBI Medical Information Sheet

Please detail any relevant medical information for your son:

Primary emergency contact (Name, relationship, phone number)

Name	Relationship
	Phone Number

Secondary emergency contact (Name, relationship, phone number)

Name	Relationship
	Phone Number

Allergies (medication, food, bee sting, poison ivy, etc.) Please describe the nature of the reaction (rash, hives, difficulty breathing, etc.)

Injury history (eg. recent sprains, fractures):

Medical conditions (eg. asthma, diabetes, cardiac disorders, seizure disorders)

Medications currently taking

**COPIES OF THE FRONT AND BACK OF THE
MEDICAL INSURANCE CARD MUST BE
SUBMITTED WITH THESE MEDICAL
FORMS**

RBI AGREEMENT

RBI events are hosted and run by some or all of the coaching staff of James River High School, and may be held at James River High School (JRHS) and use some of the JRHS's facilities. However, the event is not sponsored nor run by JRHS, and any or all of the JRHS coaching staff are not employees or agents of JRHS in their capacity for operating the any event sponsored by Rapids Baseball Incorporated.

Please read the following agreement carefully before signing. Although participation is encouraged, it is encouraged only if health and safety are considered.

CERTIFICATION OF PHYSICAL FITNESS TO PARTICIPATE:

1. I understand that a risk of participating in any sport, including baseball, is the risk of injury, including but not limited to serious permanent injury, paralysis, and death. To minimize the risk of injury, I agree to tell my son to obey all safety rules and to report fully any problems related to his physical condition to his team coach and/or RBI coaches or assistants as soon as the problem begins.

2. By signing below, I certify the following:

--That my son is not currently under the care of a physician for an injury or illness that would prevent his safe participation;

--That my son is not currently being treated for or recovering from an orthopedic injury that would prevent his safe participation;

--That my son has no history of fainting or other problems related to strenuous exercise; and

--That my son is in good health and there is no reason he cannot safely participate in strenuous physical activity.

Parent/Guardian Signature _____ Date: _____

CONSENTS:

1. By my signature below, I hereby give permission for _____ (team name) and its agents to obtain medical treatment for my son, _____, in the event of accident or illness while attending the event.

2. By my signature below, I hereby give consent to have my son be photographed or video-or audio-taped during any activities, and I agree that the images so obtained may be used for educational and public relations purposes by RBI.

Parent/Guardian Signature _____ Date: _____

RELEASE:

1. In consideration for accepting my son to play in the event, which uses JRHS facilities, I do hereby agree that I am and shall be responsible for all costs associated with any injury or loss that may be sustained by my son as a result of his participation. I also certify that I have health insurance which provides adequate coverage for injuries or illness my son may sustain while participating.

2. By my signature below, I also agree to release and promise not to sue JRHS, Chesterfield County or its School Division, RBI, or their employees or agents, for any damages, loss, injury, or death arising from my son's participation in the event, unless such damages, loss, injury, or death are caused by willful and wanton conduct of such employees or agents.

Parent/Guardian Signature _____ Date: _____

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