

Mayfield Heights Baseball League Youth Baseball Registration Form Summer 2021



(One form per player. Form may be copied)

Player's Name: _____ Player's School: _____

Birth Date: _____ Age as of August 31, 2021: _____ Sex (M/F): _____

Parent's Names: _____ Home Phone: _____

Work Phone (please specify who): _____ Cell Phone (please specify who): _____

Address: _____ City: _____ Zip: _____

Email Address: _____

League	Age	Birth date	Game Info
Instructional	5-6 yrs	8/31/2021	Wed @ 6:30
Mighty Mite (Coach Pitch)	7-8 yrs	8/31/2021	Tues/Thurs @ 6:30
Minor	9-10 yrs	8/31/2021	Mon- Thurs 6 or 8:15
Major	11-12 yrs	8/31/2021	Mon -Thurs 6 or 8:15

Fee \$75 Season Starts the week of May 17th.

Interested in coaching or assisting? Coach _____ Assistant Coach _____ (please check one, if interested)

Interested in sponsoring a team? Fee: \$250 _____ YES, I'll sponsor a team!

Waiver: Participation in program activities can be dangerous, and if you do participate, you can get hurt. By signing this registration form, you agree to assume the risk of injury if you participate in program activities and you agree to give up your right to make any claim for money damages against Mayfield Heights Recreation and the City of Mayfield Heights, if you are hurt while participating in a program activity.

Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19 The novel coronavirus, COVID-19, has been declared to be a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments, as well as federal, state, and local health agencies, recommend social distancing and have, in many locations, prohibited the congregation of groups of people. You have indicated you wish to participate in the Program sponsored by **The City of Mayfield Heights (the "City")**. The City has put in place preventative measures to reduce the spread of COVID-19; however, the City cannot guarantee that you or your dependents will not become infected with COVID-19 while participating. Further, participating could increase your risk and your dependents' risk of contracting COVID-19. By signing this document, you acknowledge the contagious nature of COVID-19 and you voluntarily assume the risk that you and your dependents may be exposed to or infected by COVID-19 by participating, and that such exposure or infection may result in personal injury, illness, permanent disability and death. You understand that the risk of becoming exposed to or infected by COVID-19 by participating may result from the actions, omissions, or negligence of yourself and others, including, but not limited to City employees and volunteers, and other participants and their families. By signing this document, you voluntarily agree to assume all of the foregoing risks as part of the participation, and to accept sole responsibility for any injury to your dependents or yourself (including but not limited to, illness, personal injury, disability, and death) of any kind, that you or your dependents may experience or incur in connection with your participating in the Program.

By signing this document, you agree: **On my behalf, and on behalf of my dependents, I hereby release, covenant not to sue, discharge, and hold harmless the City, its employees, agents, and representatives, of and from any and all claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to the Program. I understand and agree that this Waiver includes any claims based on the actions, omissions, or negligence of the City, before, during or after participation in the Program.**

Signature of Parent or Legal Guardian _____ Date _____

Mail completed form to: Mayfield Heights Recreation; 5154 Mayfield Rd, Mayfield Heights, Oh 44124.
or register online at www.Mayfieldheights.org