



TEHAMA COUNTY POLICE ACTIVITIES LEAGUE (P.A.L.)
555 WASHINGTON STREET / P.O. BOX 9187
RED BLUFF, CA 96080
(530) 529-7920 • (530) 529-9771 FAX
tehamacountypal@calpal.org

Confidentiality: Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing information is both appreciated and necessary.

PARENT/GUARDIAN (Please Print)

First Name: **Last Name:** **Gender:** Male Female

Address: (Line 1)
 (Line 2)
 (City) (State) (Zip)

Address Type:
 Home
 Work

Phone Number: () -
Phone Type: Home Work Cell Message

() -
 Home Work Cell Message

Family Size: **E-Mail Address:** **E-Mail Type:** Home Work _____

Employer: **Occupation/Job Title:**

PARENT/GUARDIAN (Please Print)

First Name: **Last Name:** **Gender:** Male Female

Address: (Line 1)
 (Line 2)
 (City) (State) (Zip)

Address Type:
 Home
 Work _____

Phone Number: () -
Phone Type: Home Work Cell Message

() -
 Home Work Cell Message

Employer: **Occupation:**

(PLEASE COMPLETE BOTH SIDES)

PARTICIPANT INFORMATION *(Please Print)*

First Name:

Middle Name:

Last Name:

Nick Name:

Date of Birth:

Gender:

Male Female

Ethnicity:

African American Asian Bi-racial Caucasian
 Hispanic Native American Other
 Pacific Islander

Home Address:

(Line 1) (City) (State) (Zip)

Home Telephone Number:

() -

Cell/Message/Other

() -

MEDICAL INFORMATION *(Please print)*

Insurance Company

Medications:

Medical Problems/Allergies

Insurance Policy Number:

Physician:

Physician's Telephone:

Disabilities:

Hospital

Hospital Telephone:

The above named child has my Permission to participate in activities conducted by the **Tehama County Police Activities League** and I understand my permission will remain in effect until I withdraw it. The undersigned does hereby release and discharge the **Tehama County Police Activities League**, all its agents, employees and officers thereof, of and from all actions, causes of action, damages, claims and demands, in law or in equity, of every kind and character, including claims resulting in any injury by way of damages, either civil or criminal, we or either of us have or our successors, assigns, heirs, executors or administrators may hereinafter have against them, or any of them, which might arise in connection with the above named acting in the capacity of a participant of a program or otherwise using equipment or facilities provided by the **Tehama County Police Activities League** or injury which may hereafter be sustained by reason of such participant or equipment and all claims arising out of same, whether known or unknown, suspected or unsuspected.

As the parent or legal guardian of the above-named participant, I hereby give my consent for emergency care prescribed by a duly licensed doctor of medicine. This care may be given -under whatever conditions is necessary to preserve the life, limb, or well being of my dependent. I give my consent for photographs, in which my son/daughter may appear, to be used in any way the **Tehama County Police Activities League** may care to use them.

IN WITNESS WHEREOF, the undersigned have hereunto set their hand this _____ day of _____, 20 ____.

Signature of Parent/Guardian

Printed name of Parent/Guardian

Witness Signature

Printed name of Witness

(PLEASE COMPLETE BOTH SIDES)

Updated 01/11/07 klh

Coaches, Managers and Umpires

AGREEMENT TO PARTICIPATE IN JUNIOR GIANTS LEAGUE, PUBLICITY RELEASE AND WAIVER OF LIABILITY

Participation in all sports and physical activities involves certain inherent risks and regardless of the care taken, it is impossible to ensure the safety of the participant. Coaching, playing or otherwise participating in the game of baseball is an activity requiring considerable coordination, agility, and a certain level of cardiovascular fitness. It involves many quick bursts of speed and requires being alert to batted balls, thrown balls and thrown bats. Although it is a reasonably safe activity, some elements of risk cannot be eliminated.

A variety of injuries may occur to a baseball participant. Some examples of those injuries are:

1. Minor injuries such as scrapes, bruises, strains and sprains; and
2. More serious injuries such as broken bones, cuts, concussions and eye injuries (including loss of vision).

These, and other injuries, sometime occur in baseball as a result of hazards or accidents such as slips, tripping, being struck by a ball, being struck by a bat, catching the ball, colliding with a player, colliding with the wall, fence or on a base or at home plate, or falling on the field.

To help reduce the likelihood of injury to yourself and to other participants, participants are expected to follow the following rules:

1. All participants are expected to wear proper footwear.
2. All participants are expected to use and properly wear their mitts during play.
3. All participants as catcher are expected to wear a protective mask during play.
4. All participants are expected to avoid swinging when it might endanger another player.
5. All participants are expected to follow all posted safety rules as well as those associated with the rules of baseball.

I agree to follow the preceding safety rules, all posted safety rules, and all rules common to the sport of baseball. Further, I agree to report any unsafe practices, conditions, or equipment to the local commissioner.

I certify that (1) I possess a sufficient degree of physical fitness to safely participate in baseball, and (2) I understand that I am to discontinue activity at any time I feel undue discomfort or stress.

I have read the preceding information and it has been explained to me. I know, understand and appreciate the risks associated with participation in baseball and I am voluntarily participating in the activity. In doing so, I am assuming all of the inherent risks of the sport. I further understand that in the event of a medical emergency, I will be financially responsible for any expenses involved.

PUBLICITY RELEASE: I hereby grant to the San Francisco Giants and the Giants Community Fund, the worldwide and perpetual right and authority to use, reproduce, distribute, broadcast or otherwise transmit, publish and display in whole or in part, my name, photograph, or any other likeness and/or biographical information I may provide, and any statement I have made or may make concerning the Junior Giants League in any and all media now known or hereafter invented, in perpetuity, for the purpose of trade, promotion and/or otherwise without compensation or additional consideration, except where prohibited by law.

WAIVER OF LIABILITY: IN CONSIDERATION OF BEING PERMITTED TO COACH, UMPIRE OR OTHERWISE PARTICIPATE IN THE JUNIOR GIANTS BASEBALL LEAGUE, ON BEHALF OF MYSELF, MY FAMILY, MY HEIRS, MY LEGAL REPRESENTATIVES AND MY ASSIGNS, I HEREBY RELEASE THE SAN FRANCISCO GIANTS AND THE GIANTS COMMUNITY FUND AND EACH OF THEIR RESPECTIVE PARTNERS, SHAREHOLDERS, OFFICERS, DIRECTORS, EMPLOYEES AND REPRESENTATIVES FROM ALL ACTIONS, CLAIMS, DEMANDS OR LIABILITY FOR INJURY, LOSS OR DEATH RESULTING FROM MY PARTICIPATION IN THE JUNIOR GIANTS LEAGUE BASEBALL GAMES NOW OR IN THE FUTURE, SUFFERED AS A RESULT OF THE NEGLIGENCE OF THE SAN FRANCISCO GIANTS OR THE GIANTS COMMUNITY FUND OR ANY OF THEIR RESPECTIVE PARTNERS, SHAREHOLDERS, OFFICERS, DIRECTORS, EMPLOYEES OR REPRESENTATIVES.

Signature of Participant

Date

Name of Participant

City

E-mail Address

TEAM NAME