

# 2008 Bitty Sports T-Ball

Primary Guardian Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Guardian Home Phone# \_\_\_\_\_ Business Phone # \_\_\_\_\_ Email \_\_\_\_\_

Secondary Guardian Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Secondary Guardian Home Phone# \_\_\_\_\_ Business Phone # \_\_\_\_\_ Email \_\_\_\_\_

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Sex: M F Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Additional Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Sex: M F Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Parents How Can You Help Us?      Sponsor      Coach      Team Parent

## 2008 YMCA Bitty Sports T-Ball Fees

**YMCA Financial Assistance is available. Please call (805) 543-8235 for more information**

Please return this form & your payment to: SLO County YMCA, Attn: Administration Team, 1020 Southwood Dr., San Luis Obispo, CA 93401

Fees	Quantity	Total Cost
<b>12 Month YMCA Program Membership Fee, \$15 per participant (required)</b> Existing Membership ID (for existing YMCA members) Parent ID _____ Child ID _____ <small>The SLO County YMCA is a membership focused community service organization and now requires each participant to be a Y member. To become a YMCA member, the participant must either enroll as a SLO YMCA Health &amp; Fitness Center member, or must pay for a \$15 yearly program membership. Once a YMCA member, the participant may enroll in other YMCA programs such as After School Adventures, Day Camps, Adventure Guides, etc. Each member also receives three free guest passes at our SLO YMCA Health &amp; Fitness Center, and an invitation to the annual Summer Sign-Up Day BBQ in April.</small>	1	<b>\$15</b>
<b>2006 YMCA Bitty Sports T-Ball Fee, \$65 per child (required)</b> Members will receive: a program t-shirt	1	<b>\$65</b>
<b>Sponsorship Opportunities</b> (check appropriate box if interested in sponsorship and include business name) Business Name on back of T-shirt of a Team - \$200 <input type="checkbox"/> Banner (Name of business on banner) - \$200 <input type="checkbox"/> <small>**Sponsorships are for the year</small>	0	0
<b>Total Cost</b>	0	0

### SLO County YMCA Release of Liability Agreement (must be signed)

In consideration of being permitted to participate in any sport or activity sponsored by the YMCA, the undersigned hereby acknowledges and agrees to the following:

1. The undersigned acknowledges that the risk of injury and/or death from the activity and/or event in which the undersigned is entering is significant, despite all precautions. **THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE** due to his or her participation in this program, regardless of cause.
2. **THE UNDERSIGNED HEREBY RELEASES, WAIVES AND FOREVER DISCHARGES THE SAN LUIS OBISPO COUNTY YMCA, employees and any and all other sponsoring or cosponsoring agencies, companies of individuals, their directors, officers, employees, volunteers, representatives and/or agents (herein referred to as "Releasees")** from any and all liability to the undersigned or their heirs, assigns or next of kin for any loss or damage or any claim or demand therefore on account of injury to the person or property or resulting in death to the undersigned, whether caused by the sole and exclusive negligence of the Releasees or otherwise, while the undersigned is participating in or preparing to participate in this event.
3. **THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the Releasee and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the premises of the Releasees, or due to the involvement of the undersigned in any of these events.
4. The undersigned consents to allow the YMCA employees to seek medical treatment on their child, which may be deemed necessary and understands that the undersigned is solely responsible for any and all costs incurred, including medical transportation.
5. The undersigned consents and authorizes in advance the use of his or her name in any pictures, broadcasts, telecasts, advertising or promotion of this event.

**THE UNDERSIGNED HEREBY EXPRESSLY ACKNOWLEDGES THAT THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNED THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT AND ALLOWS THE YMCA TO ANY PICTURES TAKEN OF ME OR MY CHILD DURING THE COURSE OF THIS PROGRAM.**

Primary Guardian Name (Please Print) \_\_\_\_\_ Phone \_\_\_\_\_