

# Joe Nuxhall Miracle League Registration

## PLAYER REGISTRATION FORM

COST PER PLAYER: \$20

Checks may be made payable to

Great Miami Valley YMCA



Player's Full Name: \_\_\_\_\_

### Parent/Guardian/Caretaker #1

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Parent/Guardian/Caretaker #2

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Player's Age: \_\_\_\_\_ Player's Birthdate: \_\_\_\_\_ School: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Special Needs or Requirements: \_\_\_\_\_

### Primary Means of Communication:

Verbal \_\_\_\_\_ Sign Language \_\_\_\_\_ Communication Board \_\_\_\_\_

Other \_\_\_\_\_

### Mobility:

Ambulatory \_\_\_\_\_ Uses Wheelchair \_\_\_\_\_ Uses Walker \_\_\_\_\_

Other \_\_\_\_\_

T-Shirt size (circle one) Youth: S M L XL **OR** Adult: S M L XL

Cap Size (circle one) Youth Adult

How did you hear about this league: \_\_\_\_\_

# Joe Nuxhall Miracle League Registration



## PLAYER RELEASE OF LIABILITY



Player's Full Name: \_\_\_\_\_

### GREAT MIAMI VALLEY YMCA

#### RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

**IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED.**

- 1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE** the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
- 2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the releases 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 YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the released or otherwise.
- 3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE** due to negligence of released or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

**THE UNDERSIGNED** further expressly agrees that the foregoing **RELEASE, WAIVER AND INDEMNITY AGREEMENT** is intended to be as broad and includible as is permitted by the law of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

**THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**, and agrees that no oral representation, statements or inducement apart from the foregoing written agreement have been made.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_

Signature of parent or guardian if under 18 years of age