

KINO BASEBALL LEAGUE
SOUTHERN ARIZONA HIGH SCHOOL SOFTBALL ALL-STAR GAME
CLASS 2021 SENIORS PARTICIPATION PROFILE AND AGREEMENT

SUBMITAL INSTRUCTIONS

Completed and signed form: and electronically EMAIL to kinobbl@comcast.net or it can be mailed to the Kino Baseball League PO Box 89304, Tucson, Arizona 85752 with a post mark of on/or before **May 1,2021**. **THERE IS NO FEE TO PLAY. CLASS 2021 SENIORS ONLY.**

IMPORTANT: It is understood that if this profile/waiver form is not received completed and signed, that the player will not be eligible to participate in this event.

GAME DAY: **Wednesday, June 2 – 7:00 PM – Mike Jacobs Sports Park, Tucson, Arizona**

TEAM ANNOUNCEMENT AND PLAYER/PARENT GAME DAY SCHEDULE & INFORMATION: Posted May 22,2021 on the league website www.kinobaseball.com and www.allsportstucson.com and emailed to you.

Player Name:_____ Cell No._____ Grade:_____

Home Address:_____

School:_____ Primary Position:_____ Secondary Positions:_____

Address:_____

Bat-Circle: R L SH Throw-Circle: R L Shirt Size:_____

MEDICAL RELEASE/WAIVER

I acknowledge, agree, and represent that I understand the nature of baseball activities and that I am qualified, in good health and in proper physical condition to participate. I fully understand that baseball activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis, and death (Risks). These risks and dangers may be caused by my own actions or inaction, the actions or inactions of others participating in the activity, the condition in which the activity takes place. There may be other risks and social and economic losses either not known to me or not readily foreseeable at this time, and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in this event.

I do hereby authorize the Kino Baseball League staff as agents for the undersigned to consent to any x-ray examination, anesthesia, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by and is rendered under general supervision of any physician or surgeon licensed under the provisions of the Medicine Practice Act and on the Medical Staff of any licensed hospital whether such diagnosis for treatment is rendered at the office of said physician or at said licensed hospital.

This agreement authorizes hospital treatment in the event of an emergency, and it is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the aforementioned agents to give specific consent to any and all such diagnosis, treatment or hospital care, which the aforementioned physician, in the exercise of his/her best judgment may deem advisable.

It is understood that any medical treatment required will be done under my current health care insurance plan and provide. I understand that the Kino Baseball League and associated sponsors of this event do not provide medical/accident coverage for the player.

This authorization shall remain in effect for the duration of the Southern Arizona High School Softball All-Star Game.

In consideration of acceptance of this agreement to participate in the Southern Arizona High School Softball All-Star Game, I hereby for myself, my heirs, executors, and administrators, agree to waive, release, and absolve, indemnify, and hold harmless the Kino Baseball League and associated sponsors, their executive boards and officers and directors, and teams, the organizer, supervisors, participants and person(s) transporting me to and from this activity from any and all claims arising out of an injury to me except to the extent and in the amount covered by liability insurance held by the Kino Baseball League.

PARENT OR LEGAL
GUARDIAN SIGNATURE:_____ DATE:_____