



NYCRBI Player Registration Form and Medical Consent/Release

Player Information		
Player Name:	Birthdate (mm/xx/yyyy):	
Address:	Gender: Male □ Female □	
Address 2 (if applicable):	Age: Team Name:	
City:	State: Zip Code:	
Phone: Email:		
Parent/Guardian Information – 18+		
Contact #1	Contact #2	
Name:	Name:	
Phone:	Phone:	
Email:	Email:	
Medical Information		
Emergency contact:	Insurance carrier:	
Relationship to player:	Phone:	
Phone:	Policy:	
Terms and Conditions In consideration of the candidate above, having been provided the opportunity to participate in the NYCRBI League, run by Harlem RBI, the Player and his/her parent or guardian hereby voluntarily agree as follows: RELEASE FROM LIABILITY AND COVENANT NOT TO SUE. The Player and his/her parent or guardian agrees, for him/herself and his/her personal representatives, executors, administrators, heirs, next of kin, successors and assigns, to release and forever discharge, to the fullest extent permitted by applicable law, Harlem RBI and waive in respect of each RBI Entity and covenant not to sue any RBI Entity for, any and all liabilities, losses, damages, costs, expenses, for limited to, attomocy's fees and expenses), actions, causes of actions, suits, obligations, judgments and claims of any nature whatsoever (collectively, the "Liabilities") arising from, based upon or relating to personal injury or death to, or damage to or loss of property, of, the Player and/or his/her parent or guardian sustained in connection with the Player's participation in the Program. Such release, discharge, waive and covenant not to sue shall include, but not be inside to, any and all such Liabilities caused in whole or in part by the negligence of any RBI Entity in connection with such RBI Entity's involvement with the Program. Such responsibility for personal injury or death to, or damage to or loss of Player property, arising from, based upon or relating to the Player sparticipation in the Program. Such assumption of risk includes to, any personal injury or death to, any personal injury or death to, and participation in the Program. Such assumption of risk i		
Signature:	Date:	
Internal Use Only: Birth Certificate: □ Yes □ No Medical Release Form □ Yes □ No Photograph □ Yes □ No	Waiver □ Yes □ No Age Division: Team Name:	