

WAIVER

ALL PARTICIPANTS MUST SIGN THIS WAIVER BEFORE THEY WILL BE ALLOWED TO TAKE PART IN THE CCAA'S SUMMER BALL PROGRAM. MINORS UNDER THE AGE OF 18 MUST HAVE THIS WAIVER COUNTERSIGNED BY THEIR PARENT OR LEGAL GUARDIAN.

In consideration of my entry in the Canton Community Athletic Association's summer ball program, I understand that by signing this waiver, I acknowledge and assume the risks inherent to a t-ball, softball, or baseball program, and do hereby for myself, executors, and administrators waive, release, and forever discharge any an all liability and/or claims for damages or injury to my person or property during this program arising out of the performance of the CCAA and the City of Canton; their agents, representatives, successors and assigns. Furthermore, I agree to observe and follow all rules and regulations governing this program, as well as all safety concerns. I hereby acknowledge the authority of all umpires, CCAA officials, and directors; and agree to obey my coach and act in a responsible and mature manner, respectful of others and ball field property. I am of sound body and found physically fit for all related endeavors concerning this program. I/we, the undersigned, hereby authorize any first aid, medical treatment, or medication deemed necessary in case of emergency by participating in this program; and also authorize any medical personnel to act and execute on my behalf any permission forms or appropriate medical documents, if I am not immediately available to do so. I understand if I am under 18 years of age, I am required to have confirmation of this waiver by my parents or guardian. If countersigning for a minor, I acknowledge and agree to all the before mentioned statements, and do hereby accept responsibility for the conduct and well-being of the minor during this program.

Player's Full Name _____

Age _____ Date of Birth _____ Male _____ Female _____

Address: _____

City _____ State _____ Zip _____

Phone(Home) _____

Phone: (Cell) _____

Print Parent's Name _____

Parent Signature _____

Emergency Contact Name: _____

Relationship: _____

Emergency Contact Ph. #: _____

League: _____ Amt. Pd. _____