



29605 US Hwy 19 N. Suite 180, Clearwater, FL 33761 Phone: [727-422-6755](tel:727-422-6755) www.eiyouth.org

2015 NEXT LEVEL PROGRAM

Name:	Age:	DOB:
Address:	School:	Grade:
City:	State:	Zip:
Home Phone:	Player's Cell:	
E-Mail:		
Dad's Name:	Cell:	Work:
Mom's Name:	Cell:	Work:
Primary Med. Insurance Carrier:	Policy #:	Policy Holder:

MEDICAL AND LIABILITY RELEASE

Please tell us any condition that attending physician should be aware of:

RELEASE FOR MEDICAL TREATMENT

It is necessary for you to authorize health care providers (including physicians, ambulances, etc.) to administer treatment in the case of emergency (accident, sudden illness, etc.). Therefore, this application IS NOT COMPLETE AND WILL NOT BE ACCEPTED by *Extra Innings* until this form is signed by the Participant if of legal age or parent or guardian-and must be received by *EI* before the start of any program.

I hereby authorize any medical treatment which may be advised or recommended by the attending physician of the Participant while participation in any of *THE EXTRA INNINGS* programs.

Signature: _____ **Date:** _____

RELEASE AND WAIVER OF LIABILITY FOR ADULT PARTICIPANT

The undersigned hereby acknowledges that participation in any *EXTRA INNINGS* programs or activities involves an inherent risk of physical injury, and sometimes death. Therefore, the Participant of legal age, on behalf of myself and my heirs, beneficiaries, survivors and assigns hereby assume all such risk and do hereby release and forever discharge *EXTRA INNINGS YOUTH FOUNDATION, East Lake Little League, Inc., and East Lake Youth Sports Association Inc.*, and their directors, officers, employees, coaches, and agents from any and all known and unknown, foreseen and unforeseen bodily and personal injuries, death, damage to property, and the consequences thereof, resulting from the Participant's active participation or involvement in any *EXTRA INNINGS* program or activity even if due to the negligence of The *EXTRA INNINGS YOUTH FOUNDATION, East Lake Little League, Inc. & East Lake Youth Sports Association, Inc.* through its officers, directors, agents, apparent agents, servants or employees including but not limited to, any failure of equipment or defect in the premises.

Signature of Participant if legal age: _____ **Date:** _____

RELEASE AND WAIVER OF LIABILITY FOR MINOR

The undersigned hereby acknowledges that participation in any *EXTRA INNINGS* program or activity involves an inherent risk of physical injury, and sometimes death. Therefore I/We as, parent(s) or guardian(s) on behalf of my/our child or ward and their heirs, beneficiaries, survivors and assigns hereby assume all such risk and do hereby release and forever discharge *THE EXTRA INNINGS YOUTH FOUNDATION, East Lake Little League, Inc., and East Lake Youth Sports Association Inc.* and their directors, officers, employees, coaches, and agents from any and all liability of whatever kind of nature, including any and all individual or derivative parental claims, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, death damage to property, and the consequences thereof, resulting from the Participant's active participation or involvement in any *EXTRA INNINGS* program or activity even if due to the negligence of the *The EXTRA INNINGS YOUTH FOUNDATION, East Lake Little League, Inc., and East Lake Youth Sports Association Inc* through its officers, directors agents, apparent agents, servants or employees including but not limited to, any failure of equipment or defect in the premises.

Signature of Father/Guardian **Date** **Signature of Mother/Guardian** **Date**

Extra Innings Youth Foundation, Inc. is a 501 (c) (3) Florida not for profit Corporation and is also referred to as Extra Innings and EI.