

THE BOYS & GIRLS CLUBS OF GREATER KANSAS CITY

RBI PROGRAM PLAYER RELEASE AND WAIVER

In consideration of _____ (the "Player") having been provided the opportunity to participate in the RBI Sports Program of the Boys & Girls Clubs of Greater Kansas City, the Player and his/her parent or guardian hereby voluntarily agree as follows:

RELEASE FROM LIABILITY AND COVENANT NOT TO SUE: Each Player and his/her parents or guardian agrees, for him/herself and his/her personal representatives, executors, administrators, heirs, next of kin, successors, and assigns, to release forever the Program, the Boys & Girls Clubs of Greater Kansas City, each organizer, promoter, and sponsor of the Program, each person or entity responsible for transporting the Player to or from Program or League activities, the respective owners (direct and indirect), officers, directors, employees, agents, and committees of each of the foregoing, and the respective heirs, executors, administrators, representatives, successors and agents, and committees of each of the foregoing (collectively call the "Releasees"), costs, expenses (including, but not limited to, attorney's fees and expenses), actions, causes of action, 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 his/her parent or guardian sustained in connection with the Player's participation in the Program or League or travel to or from activities of the Program or League. Such release, discharge, waiver, and covenant not to sue shall include, but not be limited to, any and all such Liabilities caused in whole or in part by the negligence of any Releasee in connection with such Releasee's involvement with the Program or League (for example, in connection with such Releasee's training of personnel).

PLAYER ASSUMES RISK: Each Player and his/her parent or guardian is aware of and understands the inherent risks and dangers of playing recreational and competitive sports and the potential for injury that exists when participating in the activity, and agrees to assume all risk of and responsibility for personal injury or death to, or damage to, or loss of property, the Player arising from, based upon, or relating to the Player's participation in the Program or League. Such assumption of risk includes, but is not limited to, any personal injury or death, or damage to or loss of property, arising from, based upon, or relating to the lack of skill of any player, the improper conduct of any player, and the acts or omissions of any referee, coach, or supervisor, and any personal injury or death, or damage to, or loss of property caused in whole or in part by the negligence of any Releasee. Each Player and his/her parent or guardian understands and agrees that, in the event of any injury to the Player, none of the Releasees will be responsible for any decisions relating to medical treatment for Player or for such treatment itself.

RIGHT OF PUBLICITY: Participating in the Program or the League shall constitute permission to use the name, likeness, or any other identification of the Player for advertising, publicity, instructional, or any other purposes in connection with the Program or the League or the business of any of the Releasees, in any medium at any time and from time to time, without compensation to or right or prior review or approval by the Player or his/her parent or guardian. Each 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 discharge each Releasee from, to waive in respect of each Releasee, and not to sue any Releasee for any and all liabilities arising from and based upon or relating to any claim for invasion of privacy, violation, right of publicity, defamation, or appropriation, or any similar claim in connection with any such use.

MISCELLANEOUS: This release, discharge, waiver, and covenant not to sue shall be governed by and construed in accordance with the laws of the State of Missouri and/or the State of Kansas, without regard to conflict of law principles. Missouri and Kansas shall be the sole jurisdictions for all disputes. If any portion of this release, discharge, waiver, and covenant not to sue shall be held invalid or unenforceable, the remaining portions hereof shall not be affected thereby and shall remain in full force and effect.

REPRESENTATIONS: Each player and his/her parents or guardian states that he/she has had full opportunity to ask any questions regarding the Program and the League that he/she may have, that he/she has read and understands this release, discharge, waiver, and covenant not to sue (or that the parent or guardian has read and understands this release, discharge, waiver, and covenant not to sue, and has explained it to the Player), and that he/she has been given the opportunity to review this release, discharge, waiver, and covenant not to sue with any he/she chooses, including a lawyer, and has done so to the extent he/she wishes to do so. Each Player and his/her parent or guardian further states that the player has been examined by a doctor within the past six months and is in good physical condition, is physically fit to participate in the Program and League, and is not subject to any medical condition that poses or may pose risk, harm, or disability to others.

Name of Player (print)	Signature of Player	Date
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Name of Parent/Guardian (print)	Signature of Parent/Guardian	Date
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Name of Witness (print)	Signature of Witness	Date
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THE BOYS & GIRLS CLUBS OF GREATER KANSAS CITY PLAYER CODE OF ETHICS

I pledge to have a positive attitude and be responsible for my participation in the RBI Program by following this Code of Ethics.

I will encourage good sportsmanship from teammates, coaches, officials, and parents at every game and practice.

I will do my best to listen and learn from my coaches.

I will treat my coaches with respect regardless of race, sex, creed, or abilities, and I will expect to be treated accordingly.

I deserve to have fun during my sports experience and will alert parents or coaches if it stops being FUN!

I deserve to play in an alcohol, tobacco, and drug-free environment and expect adults to respect that right. Personally, I will not use alcohol, tobacco, or drugs of any kind.

I will encourage my parents to be involved with my team in some capacity because it is important to me.

I will attend regularly and do my very best in school.

I will remember that participating in sports is an opportunity for me to learn and have fun.

If I participate in other sports leagues, I will not let it interfere with my RBI practices and games.

I have read and understand this document, and by signing, I agree to abide by the rules and Player Code of Ethics of the RBI Baseball Program.

Player Signature

Date

THE BOYS & GIRLS CLUBS OF GREATER KANSAS CITY RBI PARENT/GUARDIAN CODE OF ETHICS

I pledge to provide positive support, care, and encouragement for my child participating in the RBI Program by following this Code of Ethics.

I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, proactive, or other youth sports event.

I will place the emotional and physical well-being of my child ahead of any personal desire to win.

I will insist that my child play in a safe and healthy environment.

I will provide support for coaches and officials working with my child to provide a positive, enjoyable experience for all.

I will demand a drug, alcohol, and tobacco-free sports environment for my child and agree to assist by refraining from their use at all youth sports events.

I will remember that the program focuses on our youth and their development.

I will do my very best to make youth sports fun for my child.

I will ask my child to treat other players, coaches, fans, and officials with respect, regardless of race, sex, creed, or ability, and will do so myself.

I will promise to help my child enjoy their youth sports experience and will assist by being a respectful fan, providing transportation and whatever I am capable of doing.

I will expect that all RBI Coaches will be trained in their responsibilities and agree to the Coaches' Code of Ethics.

I have read and understand this document and, by signing, I agree to abide by the rules and Parent/Guardian Code of Ethics of the RBI Baseball League.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

THE BOYS & GIRLS CLUBS OF GREATER KANSAS CITY PRE-PARTICIPATION PHYSICAL EVALUATION

Name: _____
Last First Initial

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Height: _____ Weight: _____ Grade: _____ Age: _____ M or F

Physician: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Insurance Information

Provider Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Policy Number: _____

Subscriber's Name: _____

Emergency Information

In the event of an emergency when a parent or guardian cannot be reached, we will contact:

Name: _____ Name: _____

Phone: _____ Phone: _____

Relationship: _____ Relationship: _____

Player Medical Information (List any medications taken regularly)

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Allergies: _____

Previous injuries and surgeries. Include date and area(s) involved: _____

Date of last tetanus booster: _____ Are all vaccinations current? Yes No

IMPORTANT – MUST BE COMPLETE TO PARTICIPATE IN RBI ACTIVITIES

Parent's Authorization: I hereby state, to the best of my knowledge, my answers to the following questions are accurate and correct. I hereby give my permission for a limited exam for sports participation to be performed on my child. I understand that if requested, further medical evaluation of my child may be necessary for my child to participate in the RBI program. I understand that the purpose of this exam is for determining eligibility to participate in sports only, not for the diagnosis or treatment of acute or chronic illness. I release my child's physical information to RBI for eligibility purposes.

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date

THE BOYS & GIRLS CLUBS OF GREATER KANSAS CITY PRE-PARTICIPATION PHYSICAL EVALUATION (CONTINUED)

Name: _____ Date of Birth _____

<i>(Explain "Yes" answers in the space below.)</i>	<i>Yes</i>	<i>No</i>
<i>Have you ever been hospitalized?</i>		
<i>Have you ever had surgery?</i>		
<i>Are you presently taking any medications or pills?</i>		
<i>Do you have any allergies (i.e. medications, insects, plants, etc.)?</i>		
<i>Have you ever passed out during or after exercise?</i>		
<i>Have you ever been dizzy during or after exercise?</i>		
<i>Have you ever had chest pain during or after exercise?</i>		
<i>Do you tire more quickly than your friends during exercise?</i>		
<i>Have you ever had high blood pressure?</i>		
<i>Have you ever been told that you have a heart murmur?</i>		
<i>Have you ever experienced your heart racing or skipped heartbeats?</i>		
<i>Has anyone in your family died of heart problems?</i>		
<i>Has anyone in your family died a sudden death before age 50?</i>		
<i>Do you have any skin problems (i.e. itching, rashes, acne, etc.)?</i>		
<i>Have you ever had a head injury?</i>		
<i>Have you ever been knocked out or unconscious?</i>		
<i>Have you ever had a seizure?</i>		
<i>Have you ever had a stinger, burner, or pinched nerve?</i>		
<i>Have you ever had heat or muscle cramps?</i>		
<i>Have you ever been dizzy or passed out in the heat?</i>		
<i>Do you have trouble breathing or do you cough during or after activity?</i>		
<i>Do you use any special equipment (i.e. pads, braces, neck rolls, etc.)?</i>		
<i>Have you had any problems with your eyes or vision?</i>		
<i>Do you wear glasses or protective eyewear?</i>		
<i>Have you ever sprained/strained, dislocated, fractured, broken, or had repeated swelling or other injuries of any bones or joints?</i>		
<i>Have you had any other medical problems (i.e. mono, diabetes, etc.)?</i>		
<i>Have you had a tetanus shot within the last five years?</i>		
<i>Are you current on all immunizations?</i>		

Explain "YES" answers: _____

PLEASE CHOOSE OPTION NUMBER 1 OR 2 AND SIGN ONLY THAT CHOICE.

1) *I/We hereby grant permission to the RBI program, referred hospitals, physicians, and/or athletic trainers to render first-aid or emergency treatment and all preventative or rehabilitative treatment deemed reasonably necessary to protect the health and well-being of this player.*

I/We additionally grant, when deemed necessary, permission for hospitalization and emergency treatment at a competent and/or accredited facility for protecting the health of this player.

I/We hereby accept full responsibility for any and all damage or injuries sustained as a result of participation in the RBI Program.

Signature of Parent/Guardian *Date*

Signature of Parent/Guardian *Date*

2) *In an emergency when authorized persons cannot be reached, RBI personnel are neither to render nor arrange for medical treatment other than first-aid.*

Signature of Parent/Guardian *Date*

Signature of Parent/Guardian *Date*

THE BOYS & GIRLS CLUBS OF GREATER KANSAS CITY HEALTH EXAMINATION INSURANCE FORM

Name: _____ Date of Birth _____

PHYSICAL EXAMINATION – To be filled out by medical personal only.

Height _____ Weight _____ Pulse _____ B.P. _____ / _____ Hct. Or Hgb. Test: _____ Urinalysis _____
 Vision – R 20/ _____ L 20/ _____ Corrected Yes No Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS	INITIALS
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MEDICAL

Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Chest			
Lungs			
Abdomen			
Skin			

MUSCULOSKELETAL

Neck			
Back			
Shoulder/Arm			
Elbow/Foreman			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

CLEARANCE

Cleared
 Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendation: _____

I have examined the person herein described and have reviewed the health history. It is my opinion that this player is physically able to engage in activities, except as noted above. This examination should be performed within 12 months of designated activities. Examinations for some other purpose within this period are acceptable. Examination is for determining fitness to engage in strenuous activities.

Print/Type Signature (print/type) _____ Date _____

Address _____ City _____ State _____

Phone _____ Fax _____

Signature _____, MD/DC/RN