Seymour Flames Consent Form

I understand that the Flames program is a high level travel program and is different than league ball. I also

understand there is a $200 participation fee and work responsibilities for all parents at our tournaments and the Seymour Fall Ball Program. The money made at these tournaments will be used for each team's uniforms, equipment, occasional team travel expenses, and tournament entry fees. Playing time is not equal. If I have issues with the policies of the coach, I will first talk to that coach in an environment other than a practice or game. I further understand all uniforms are owned by the Seymour Flames and must be turned in at the end of the year. I understand that I will need to write a separate check for $50 that will only be cashed if my daughter does not reutn her uniform at the end of the season, and another $50 check as a concession shift deposit that will be returned once the shift has been worked.

I understand and agree to the above requirements of the Seymour Flames Organization

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please read and sign the Authorization, Release and Photo Consent below

Parental Authorization and Medical Release: I, the parent or guardian of the above named child, hereby gives approval for participation in any and all league activities sponsored by the Seymour Ball Club. I hereby grant permission to managing personnel or other league representatives to authorize and obtain medical care from a

licensed physician, hospital, or clinic should the player become ill or injured while participating in league activities when neither parent nor guardian is available to grant authorization for medical treatment. I assume all risks and hazards incidental to participation, including transportation to and from activities, for any claim arising out of

an injury to the player. We do further hereby release, absolve, indemnify and hold harmless the league, the organizers, sponsors, any of all of them.

I further agree that I have read the information on this form and agree to abide by the rules, procedure, and obligations of the Seymour Ball Club. I will furnish a birth certificate for the player upon request of the league officials.

List any Allergies or Medications Needed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father - Mother - Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Circle one) Signature of Parent or Guardian Date

Photo Consent: I understand that the Seymour Ball Club may take photographs of participants and activities. I agree that the Seymour Ball Club shall be the owner of and may use such photographs relating to the promotion of the Seymour Ball Club in perpetuity. I relinquish all rights that I may claim in relation to the use of said photographs

Father - Mother - Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Circle one) Signature of Parent or Guardian Date

Seymour Flames Player Form

|  |  |
| --- | --- |
| Player Name |  |
| Age Group (circle one) | 10u 12u 14u 16u 18u |
| Birthdate |  |
| Jersey Size |  |
| Short Size |  |
| Player Cell # (if any) |  |
| Player email (if any) |  |
| Preferred Jersey # (not a guarantee) | 1st Choice: 2nd Choice: 3rd Choice: |
| New to Flames? | Yes or No If yes, fill in sweatshirt and bag info below. If not, leave info below blank |
| Sweatshirt size? |   |
| Bag preferred:Circle one | Regular equipment bagBackpack styleCathcher’s bag (must have your own cathcer’s equipment to request the bigger bag) |
|  |  |

|  |  |
| --- | --- |
| Mother’s Name |  |
| Address |  |
| City,Zip |  |
| Email |  |
| Phone |  |
| Best Way to Contact you: | Email Text Call |

|  |  |
| --- | --- |
| Father’s Name |  |
| Address |  |
| City,Zip |  |
| Email |  |
| Phone |  |
| Best Way to Contact you: | Email Text Call |

**OFFICE USE ONLY**

|  |  |
| --- | --- |
| Team/Head Coach: | Jersey Size Issued: |
| Jersey # issued: | Short Size issued:Pants Size issued (14, 16, 18 only): |
| Player fee check #: | Concession deposit check #:Uniform deposit check #: |