

PREFERRED
GAME TIME:

PLEASE CIRCLE
PREFERENCE:

Non-competitive

Competitive

ATHLETE'S NAME*: _____ (PREFERRED NAME) _____

First Middle Last

GENDER: Female Male AGE*: _____ DATE OF BIRTH*: ____/____/____

JERSEY SIZE (circle one)*: Youth YS YM YL Adult AS AM AL XL XXL XXXL

ADDRESS*: _____ CITY: _____ STATE: _____ ZIP: _____

RACE: (Required for Grant funding, please circle one):

Asian/Pacific Islander Black/African American Hispanic/Latino Native American

White/Euro American Other: _____ Unknown

ASSISTIVE DEVICES: Wheelchair*: Yes No Walker: Yes No Other: _____



Buddy Ball

Special Needs Athletic League

PROGRESSIVE DIRECTIONS, INC.

"The game's the same...Just different!"

Phone: 931-980-7451

buddyball@progressivedirections.com

1249 Paradise Hill Road

Clarksville, TN 37040

OUR MISSION:

To provide sports services at no cost to persons with intellectual and physical disabilities, creating a support network for individuals, families, and the community.

THIS RELEASE COVERS ALL ACTIVITIES/EVENTS OF BUDDY BALL SPECIAL ATHLETIC LEAGUE AND PROGRESSIVE DIRECTIONS INC.

Parent(s)/Legal Guardian Name*: _____

Cell Phone*: (____) _____ Email*: _____

Physician*: _____ Physician Phone Number*: (____) _____

Insurance Company*: _____ Policy Number*: _____

IN THE EVENT OF AN EMERGENCY, GIVE THE NAME AND PHONE NUMBERS OF FAMILY MEMBERS OR OTHER DESIGNATED CONTACT PERSON WE CAN CONTACT WHO WILL KNOW HOW TO REACH THE PARENT(S) OR GUARDIAN. YOU MUST COMPLETE THIS INFORMATION.

1. Emergency Contact Name*: _____ Relationship*: _____

Cell Phone*: (____) _____ Email*: _____

2. Emergency Contact Name*: _____ Relationship*: _____

Cell Phone*: (____) _____ Email*: _____

***REQUIRED INFORMATION**

LEAGUE INFORMATION CAN BE FOUND ON OUR BUDDY BALL SPORTS LEAGUE FACEBOOK PAGE AND ON OUR WEB PAGE WWW.BUDDYBALL.NET

We rely entirely on private donations, from local civic organizations, and the kindness of others to offer this wonderful program. Buddy Ball is a 501(c)(3) organization. Please donate to help keep this program FREE for the Athletes.



United Way of the
Greater Clarksville Region

Buddy Ball Participant: _____

(Print name of athlete)

RELEASE & WAIVER OF LIABILITY

Welcome to Progressive Directions Inc. Buddy Ball Program. Thank you for giving your time to help us to provide sports services to individuals who have intellectual and/or physical disabilities, creating a support network for athletes and their families.

THIS RELEASE WAIVER OF LIABILITY (THE "RELEASE"), EXECUTED ON ___/___/___ BY _____
(Date) (Participants 18 & up and/or Parent/Guardian of Athlete)

The Participants 18&up and/or Parent/Guardian of the Participant does hereby freely, voluntarily, and without duress execute this Release under the following terms:

Waiver and Release.

Participants 18&up and/or Parent/Guardian of Participant does hereby release and forever discharge and hold harmless the PDI and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from participant's participation in PDI programs and events. 1.) The Participants 18&up and/or Parent/Guardian of Participant understands that this Release discharges PDI from any liability or claim that the participant may have against PDI with respect to any bodily injury, personal injury, illness, death or property damage that may result from participant's participation in PDI's programs and/or events. 2.) I release, discharge and agree not to sue the team and/or league designated below or any owner or leasee of fields on which leagues are played or practiced by my team or the Buddy Ball Special Needs Athletic League, A Division of Progressive Directions, Inc. for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released. I further agree that I shall hold harmless and fully indemnify the parties hereby released from any claims, damages costs including attorney fees, and cause of action which may arise from any claim or cause of action made by me, through me or on my behalf even if the damages, injuries or death are caused in whole or in part by any of the parties or entitles hereby released. The Participants 18 & up and/or Parent/Guardian of Participant also understands that PDI does not assume responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance.

Medical Treatment. The Participants 18&up and/or Parent/Guardian of Participant does hereby release forever discharge PDI from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the participant's participation in PDI's programs or events.

Assumption of Risk. The Participants 18&up and/or Parent/Guardian of Participant hereby expressly and specifically assumes the risk of injury or harm in these activities and releases PDI from all liability for injury, illness, and death or property damage resulting from the activities of the participant's participation in PDI's programs or events. (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member or observer during practice of play by other teams or by other players on my teams, and (c) while on or upon the premise of any and all of the facilities arranged for by my team or league for practice or play.

Insurance. The Participants 18 & up and/or Parent/Guardian of Participant understands that PDI does not carry or maintain health, medical, or disability insurance coverage for any participants. **Each Guardian is expected and encouraged to arrive with medical or health insurance coverage in effect.**

Photographic Release. The Participants 18&up and/or Parent/Guardian of Participant does hereby grant and convey unto PDI all right, title, and interest in any and all photographic images and video or audio recordings made by PDI during its programs and events including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Other. The Participants 18&up and/or Parent/Guardian of Participant expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Tennessee, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Tennessee. The Participants 18&up and/or Parent/Guardian of Participant agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM. THIS FORM MUST BE COMPLETED EACH CLAENDAR YEAR BEFORE PARTICIPATION.

I UNDERSTAND A PARENT/GUARDIAN/SUPPORT STAFF MUST REMAIN WITH THE ATHLETE AT ALL TIMES DURING ANY BUDDY BALL EVENT.

Signature: _____

Date: _____

(Participants 18 & up and/or Parent/Guardian of Participant)

PLEASE LIST ANY HEALTH OR MEDICAL CIRCUMSTANCES (SUCH AS ALLERGIES) THAT WE SHOULD BE AWARE OF:
