North Coast Showtime Fall League 2020

WHO: Boys and Girls grades 3-12

WHEN: Games to get ready for 2020 Basketball Season.

September 13, 20, 27
October 4, 11, 18

WHERE: Fremont Recreation Center and Cedar Point Sport Center

REGISTRATION: $85 per player. T-shirt for each player. Elem Boys and Girls, MS Boys and Girls, HS Boys and Girls. Siblings may deduct $10 per player.

Print Clearly

Player Name_____ T-Shirt Size _____

School _____ Position(s)_____ Grade_____

Check one:

☐ HS Boy ☐ HS Girl ☐ MS Boy ☐ MS Girl

☐ Elementary Boy ☐ Elementary Girl

Parent Name - _____ Cell # _____

Check if interested:

☐ Yes, I would be interested in coaching a Fall League Team

Please make checks payable to North Coast Showtime. Mail This form, Waiver, and Payment to:

North Coast Showtime – PO Box 125 – Fremont, Ohio 43420

North Coast Showtime, LTD

Release and Waiver of Liability

Fall League and **Related Activities**

In consideration of being allowed to participate in any way in **North Coast Showtime, LTD** Fall League and related activities and events, the undersigned:

1. Agree that prior to participating, they will inspect the playing facilities and equipment to be used, and if they believe anything to be *unsafe*, they will immediately advise their coach or supervisor of such condition(s) and *refuse to participate*.

2. Agree the parent(s) or legal guardians(s) will instruct the minor participant that prior to participating, they should inspect the facilities and equipment to be used, and if the participant believes anything is *unsafe*, they should immediately advise their coach or supervisor of such conditions and *refuse to participate*.

3. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury including permanent disability and death, and severe social and economical losses which might result not only from their actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known or not reasonably foreseeable at this time.

4. Acknowledge that it is the participant's responsibility to be properly insured and/or pay all medical costs in the event of an injury and to be knowledgeable of where to contact assistance in the case of an emergency.

5. Assume all foregoing risks and accept personal responsibility of the damages following such injury, permanent disability, or death.

6. Release, waive, discharge, and covenant not to sue the **North Coast Showtime, LTD**, their affiliated teams, their respective administrators, officers, directors, agents, **coaches** and other employees or volunteers of the organization, mentioned above, other participants, sponsoring agencies, corporate sponsors, advertisers, and, if applicable, owners and leasers of the premises used to conduct the event, all of which are hereinafter referred to as "releases", from demands, losses, or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the release or otherwise

7. In the event that injury or illness while competing in **North Coast Showtime, LTD** event, I hereby authorize any emergency first aid, medication, medical treatment, or surgery necessary by licensed medical personnel. I also give my permission for attending medical personnel to execute on my behalf if I am not immediately available to do so. This includes the cost for transportation to an emergency facility and/or hospital.

8. I herby consent to allow my name as well as picture and/or voice or likeness in any official documentary, website, promotional, exclusive television, radio or film coverage of any North Coast Showtime event in any manner incidental to my participation in this or any **North Coast Showtime, LTD** event without compensation to me.

THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE, UNDERSTANDS THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY. THE UNDERSIGNED ALSO ACKNOWLEDGES RECEIVING THE OHIO YOUTH SPORTS ORGANIZATION CONCUSSION INFORMATION SHEET.

Printed Name of Participant	Participant's Signature	Date	Date of Birth
_____	_____	_____	_____

Printed Name of Parent/Legal Guardian	Parent/Legal Guardian's Signature	Date
_____	_____	_____