



**BOYS & GIRLS CLUB
OF PAWTUCKET**

All-Star Team Interest Form

Each year, the Boys & Girls Club of Pawtucket enters two All-Star teams (ages 13-15 & 16-18) of 15 players each into the RBI World Series competition. For us, the first step in this competition is the RBI Northeast Regional Tournament. This year, the tournament will be held in Springfield, MA. The team that wins the Northeast Regional Tournament will advance to the RBI World Series. *There is no additional cost to participate on the All-Star Team.*

In order for your child to be considered for a spot on this All-Star Team you must submit the following completed documents by **June 4, 2021** to the Boys & Girls Club of Pawtucket:

- RBI Program Registration and Medical Consent Form
- Player Release & Waiver
- Health History Form*
- Head shot of your child
- A copy of your child's birth certificate

All forms are available at www.bgcpawt.org or you can come into the Club to pick-up copies (Monday through Friday from 8:30 am - 6:30 pm). ***Submission of these documents does not guarantee your child a spot on the team, it just gives them an opportunity to be considered.***

For more information or with any questions, please contact:

Matt Bergeron, Director of Baseball
mbergeron@bgcpawt.org
401.722.8840 x850 or www.bgcpawt.org

All paperwork must be submitted by mail or dropped off in person to:

Boys & Girls Club of Pawtucket
ATTN: All-Star Team
One Moeller Place, Pawtucket RI 02860



**Physical must be more recent than July 1, 2020 in order to be eligible for Regional Tournament Play. If our team advances to the World Series, the physical must be more recent than August 1, 2020.*

RBI Program Application and Medical Consent Form

Baseball _____

Softball _____

LEAGUE NAME

PLAYER INFORMATION

Name

_____ (last) _____ (first) _____ (M.I.)

Permanent Address: _____ City _____ State _____ Zip _____

School _____ HS Graduation Year _____ Birthdate _____

Country of Origin _____ How long have you lived in the United States? _____ (years)

Ethnic Origin: Asian Black Latino Native American White Other _____

Name of Parent(s), Spouse, or Guardian (circle one) _____

Address _____ (no.) _____ (street) _____ (city) _____ (state) _____ (zip) _____ (country)

Telephone: Work (_____) _____ Home (_____) _____ Cell (_____) _____

IN CASE OF EMERGENCY, CONTACT THE FOLLOWING INDIVIDUAL IF THE PERSON ABOVE CANNOT BE REACHED:

Name _____ Relationship _____

Address _____ (no.) _____ (street) _____ (city) _____ (state) _____ (zip) _____ (country)

Telephone: Work (_____) _____ Home (_____) _____ Cell (_____) _____

Name of Physician or Clinic that you usually consult for medical care: _____

Address _____ (no.) _____ (street) _____ (city) _____ (state) _____ (zip) Phone (_____) _____

INSURANCE INFORMATION

Health Insurance Company Name _____

Address _____ City _____ State _____ Zip _____ Telephone() _____

Policy Number _____ Subscriber Name _____ Subscriber Social Security # _____ - _____ - _____

PERMISSION FOR TREATMENT IN CASE OF IMMEDIATE NEED

If your son/ daughter is a minor (under 18 years of age), you as a parent or legal guardian must sign this consent form so that the RBI Program can provide appropriate diagnosis and treatment and emergency health service procedures may be promptly carried out with no unnecessary delay. Without a signed permission for treatment, your minor son/ daughter cannot receive treatment unless his/ her presenting condition is exempted from requiring parental consent and/ or notification. Even with a signed permission for treatment, we will attempt to contact and fully inform you as parent or legal guardian before performing any major diagnostic/ treatment procedure except in an emergency. It should be understood that under certain circumstances your son/ daughter will be transported for diagnosis and treatment.

I certify that the foregoing information is true and complete to the best of my knowledge. I give my permission to the RBI Program to furnish such diagnostic, therapeutic, voluntary immunization, and/or operative procedures and/or transportation as may be deemed necessary by the RBI Program for my son/daughter who is under the age of 18 years. I am aware that the practice of medicine is not an exact science, and I acknowledge that no guarantees have been made to me as the result of treatment or examination. I further acknowledge that the terms of the Major League Baseball Participant/Volunteer Release and Waiver are hereby incorporated by reference.

Signature of Parent/Guardian

Name of Parent/Guardian (please print)

Date

Signature of Player

Date

Major League Baseball Participant/Volunteer Release and Waiver

Section 1. Assumption of Risk.

On behalf of myself and a child under 18 years old for whom I am his/her parent/guardian (if applicable), I acknowledge that (i) my/my child's participation in any activity related to any Major League Baseball, including Reviving Baseball in Inner Cities, events ("Events") is voluntary and that the opportunity to participate in the Events shall be sufficient consideration for this Participant Release and Waiver ("Release") and (ii) my/my child's participation as a volunteer in the Events, if applicable, is unpaid and does not provide any compensation or entitle me/my child to any employment benefits. I represent that I understand the nature of the activities associated with the Events and that I am/my child is qualified, in good health, and in proper physical condition to participate in the Events. I acknowledge that if I believe Events conditions are unsafe in any way, I will immediately discontinue my/my child's participation in the Events. I fully understand that participation in the Events involves risks of serious bodily injury, illness, or property damage, including permanent disability, paralysis, and death, which may be caused by my/my child's own actions or inactions, those of others participating in the Events (directly or indirectly), the conditions in which the Events take place, and the negligence of MLB or any MLB Person (as each is defined below). I understand, accept, and assume all risks and dangers inherent and relating to my/my child's participation in the Events. In connection with any injury I/my child may sustain or any other medical condition I/my child may experience during my/my child's participation in or with the Events, I authorize any emergency first aid, medication, medical treatment or surgery (collectively, "Emergency Medical Services") deemed necessary by the attending medical, first aid or emergency personnel (collectively, the "Medical Staff") if I am not able to act on my own/my child's behalf. I further authorize (x) the Medical Staff to execute on my/my child's behalf any permission forms, consents or other appropriate documents relating to medical attention for me/my child and to act on my/my child's behalf if I am not able or immediately available to do so and (y) the disclosure of any personal information relating to me/my child by MLB or any of its representatives to any of the Medical Staff in connection with such Emergency Medical Services. Additionally, I agree to assume responsibility for any costs, fees or other monetary charges associated with such Emergency Medical Services or any permission forms, consents or other appropriate documents relating to medical attention executed by any of the Medical Staff.

Section 2. Release and Waiver.

To the fullest extent permitted by applicable law, I hereby release, forever discharge, and covenant not to sue Major League Baseball Properties, Inc., MLB Advanced Media, Inc., MLB Advanced Media, L.P., the Office of the Commissioner of Baseball, Major League Baseball Charities, Inc., Major League Baseball Youth Foundation, The MLB Network, LLC, each of the Major League Baseball clubs, Medical Staff, the owners and operators of the venues in which the Events are held ("Venues"), past, present and future affiliated entities associated with the Events, and any entity with jurisdiction over the Venues (collectively, "MLB"), and each of their respective past, present and future related entities, subsidiaries, affiliates, officers, directors, partners, owners, shareholders, governors, agents, servants, officials, employees, volunteers, successors, assigns, rightsholders, sponsors, and/or other licensees (each, an "MLB Person" and, collectively, the "MLB Persons"), and MLB and/or the MLB Persons shall not be responsible for any death, illness, personal injury, property damage, or other loss suffered as a result of my/my child's participation in the Events, including as a result of the negligence of MLB or any MLB Person. The foregoing shall constitute a release and waiver of all liability, claims, demands, losses, or damages of whatever kind or nature, either in law or in equity, on my/my child's account arising from my/my child's participation in the Events.

Section 3. Right of Publicity.

By signing below and/or participating in the Events, I hereby grant MLB and the MLB Persons the irrevocable, non-exclusive, transferable, sublicenseable and assignable right to depict, without any additional consideration, and in perpetuity, in any and all media now or hereafter known (including, without limitation, sponsored, pre-recorded and live programming, and advertising and promotion via any and all media, including television, print, online and social media), my/my child's likeness, image, name, words, voice and/or biographical information (collectively, "Images") in photographic or other works for purposes of promoting, advertising, or marketing current or future events related to baseball and/or the Events, and I agree that such Images may be used by MLB and/or the MLB Persons for all such purposes. In addition, in connection with the use of the Images, I hereby release and waive any action or cause of action that I/my child may assert in connection with the use of the Images including, but not limited to, any claims which I have/my child has or may have for invasion of privacy, defamation,

violation of any right of publicity, or any other cause of action arising out of the production, reproduction, distribution, transmission, publication, public performance, broadcast, or exhibition of advertisements, promotions, content, programs and/or materials in which the Images appear.

Section 4. Indemnification.

I further agree that by signing below, I hereby forever release, discharge and covenant not to sue MLB and/or the MLB Persons, and I will indemnify and defend MLB and the MLB Persons from and against any and all liability arising from my/my child's participation in the Events. I hereby provide the foregoing Release for myself/my child, my/my child's personal representatives, assigns, heirs, next of kin and any other person or entity that may be entitled to make such a claim on my/my child's behalf. I further agree that if, despite this Release, I, or anyone on my behalf, makes a claim against MLB and/or any MLB Person, I will, to the fullest extent permitted by applicable law, indemnify, save, and hold harmless each of such persons and/or entities from any claim, loss, liability, damage, or cost which may incur as a result of such claim, including attorneys' fees incurred by any such persons or entities defending against such claims.

Section 5. Communicable Disease Assumption of Risk, Release and Waiver.

This section is an acknowledgement and express assumption of risk and release of liability in any way related to me/my child being exposed to or contracting COVID-19 (as defined by the World Health Organization) and any strains, variants, or mutations thereof, the coronavirus that causes COVID-19 and/or any other communicable and/or infectious diseases, viruses, bacteria or illnesses or the causes thereof (collectively, "Communicable Disease"), during or in connection with my/my child's participation in the Events and/or my/my child's presence at the Venues. By participating in the Events and/or being present at the Venues, I acknowledge and expressly assume the risk that I/my child may be exposed to Communicable Disease. I expressly understand that the risks of exposure to Communicable Disease include contracting Communicable Disease and the associated dangers, medical complications (including death) and physical and mental injuries, both foreseen and unforeseen, that may result from contracting Communicable Disease. I further acknowledge and understand that my/my child's interaction with Events staff, participants and any other individuals present at the Venues poses an elevated, inherent risk of being exposed to and contracting Communicable Disease, that it cannot be guaranteed that I/my child will not be exposed to Communicable Disease, and that potential exposure to or contraction of Communicable Disease while participating in the Events and/or being present at the Venues are risks that cannot be eliminated. If infected with Communicable Disease, I acknowledge and understand that I/my child may subsequently infect others, even if I/my child don't experience or display any symptoms.

In connection with the foregoing, I agree that I/my child will not participate in the Events or be present at the Venues if, within fourteen (14) days preceding the Events, I/my child (i) tested positive or presumptively positive for Communicable Disease or was identified as a potential carrier of Communicable Disease, (ii) experienced any symptoms commonly associated with Communicable Disease, including, without limitation, fever, cough, loss of sense of taste or smell, or shortness of breath; (iii) traveled to a country that is subject to a U.S. State Department Level 4 "Do Not Travel" Advisory or a CDC Level 3 Travel Health Notice (each, a "Prohibited Country") and/or (iv) was in direct contact with or the immediate vicinity of any person who is either confirmed or suspected of being infected with Communicable Disease or who has travelled to a Prohibited Country within fourteen (14) days preceding my/my child's encounter with such person. I further agree that I/my child will submit to any health screening and/or Communicable Disease testing that may be required as a condition of my/my child's participation in the Events and/or presence at the Venues.

TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, I HEREBY WAIVE, RELEASE, FOREVER DISCHARGE, AND COVENANT NOT TO SUE MLB OR MLB PERSONS FOR, AND NEITHER MLB NOR MLB PERSONS SHALL BE RESPONSIBLE FOR, ANY CLAIM, LIABILITY OR DEMAND OF WHATEVER KIND OR NATURE, EITHER IN LAW OR IN EQUITY (INCLUDING, WITHOUT LIMITATION, FOR PERSONAL INJURY, DEATH OR PROPERTY DAMAGE) THAT MAY ARISE IN CONNECTION WITH, OR RELATE IN ANY WAY TO, EXPOSURE TO OR CONTRACTION OF COMMUNICABLE DISEASE BY ME/MY CHILD OR ANY OTHER INDIVIDUAL INFECTED BY ME/MY CHILD, INCLUDING, WITHOUT LIMITATION, CLAIMS RESULTING FROM THE NEGLIGENCE OF MLB OR MLB PERSONS AND/OR THE INHERENT RISKS ASSOCIATED WITH PARTICIPATION IN THE EVENTS AND/OR BEING PRESENT AT THE VENUES DURING A COMMUNICABLE DISEASE PANDEMIC.

I FURTHER ACKNOWLEDGE AND AGREE THAT I AM FAMILIAR WITH AND DO HEREBY WAIVE THE PROVISIONS OF SECTION 1542 OF THE CALIFORNIA CIVIL CODE (AND SIMILAR PROVISIONS OF OTHER JURISDICTIONS) WHICH PROVIDES AS FOLLOWS: "A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS THAT THE CREDITOR OR RELEASING PARTY DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE AND THAT, IF KNOWN BY HIM OR HER, WOULD HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR OR RELEASED PARTY."

Section 6. Governing Law.

This Release, as well as any dispute between me/my child and MLB and/or the MLB Persons, shall be governed by and construed in accordance with the laws of the State of New York, without regard to conflicts of law principles. Any dispute, claim or cause of action arising out of this Release, including, but not limited to, my/my child's participation in the Events, shall be settled by mandatory, confidential, final, and binding arbitration. The arbitration shall be held in New York County, New York, and administered by JAMS in accordance with its then-existing commercial arbitration rules (except for any rules authorizing class arbitration). There shall be a single arbitrator to be selected in accordance with those rules. Neither I, MLB nor any MLB Person(s) shall be entitled to join or consolidate claims in arbitration by or against other individuals or entities, or arbitrate as a representative member of a putative class or in a private attorney general capacity. The arbitrator shall have the power to award any remedies available under applicable law; provided, however, that the arbitrator shall have no authority to award punitive or other monetary damages not measured by the prevailing party's actual damages, except as may be required by statute. Any award and any judgment confirming it only applies to the arbitration in which it was awarded and cannot be used in any other case except to enforce the award itself.

Section 7. Acknowledgement.

I represent that I am eighteen (18) years of age or older; or if applicable, that I am the parent or legal guardian of the minor(s) or legally incapacitated adult(s) participating in the Events; and that I hereby consent to the use of any personal information I provide about myself and/or my child(ren) or ward(s) by MLB and any MLB Person in connection with the Events.

I HAVE READ THIS RELEASE AND HAVE VOLUNTARILY SIGNED BELOW, AND I ACKNOWLEDGE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENTS APART FROM THE FOREGOING WRITTEN STATEMENT HAVE BEEN MADE OR OFFERED TO ME BY MLB OR MLB PERSONS.

Participant's Name (print):

Signature: _____

Participant's Home Address:

Participant's Email Address:

Participant's Phone #:

Date: _____

Parent/ Guardian's Name (print) (If Participant is younger than 18 years of age):

Signature: _____

Parent/Guardian's Home Address:

Parent/Guardian's Email Address:

Parent/Guardian's Phone #

Date: _____