

****UPDATED INFORMATION****

BTBA Fielder's Choice JSB 13 2021 Tryout Information

Dates: Monday, August 3rd
Blossom Field "D"

Tuesday, August 11th
Blossom Fields "E" & "F"

Location: Blossom Fields
4400 Oakes Road, Brecksville, Ohio 44141

Times: Registration Begins 5:30 pm, Tryouts Begins 6:00 PM

Requirements: All participants must register in advance calling David Mansbery, 440-668-9813 to request a tryout. Information for the phone call includes:

- 1) Parent Guardian Name
- 2) Player Name
- 3) Date of Birth
- 4) Email Address
- 5) Parent/Guardian Phone Number
- 6) Primary Position/Second Position
- 7) Current Team
- 8) CVYO/BTBA Waiver Signed and Returned at Registration
- 9) City of Brecksville Waiver Signed and Returned at Registration
- 10) BTBA Registration Form Signed and Returned at Registration
- 11) Masks Required, Parents will be required to return to their cars, no spectators around field area
- 12) Social distancing per Governor's Orders will be maintained
- 13) Non-Refundable tryout fee of \$ 50.00, checks made payable to CVYO, a 501 C(3) paid at time of Registration.

Juan Sanchez is the Manager and Assisted by Clint Nageotte. The team size and composition of the team will be determined by the Coaches and the Coaches will notify the parents whether the prospective player makes the team.

This is a competitive team. Fielder's Choice JSB participates in both in State and out-of-state competition seeking the best competitive play. We play in the Open Division and participate in both State and National events. Players will practice at the Baseball Batting Cages@Brecksville and other sites. Players are required to practice to get better. Players may be broken up into two groups for competitive reasons. Details will be based upon the talent shown on the field.

Your completed forms can be sent to: david@breckvillebatting.com Questions: David Mansbery at 440-668-9813.

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The City of Brecksville ("City") has put in place preventative measures to reduce the spread of COVID-19; however, the City **cannot guarantee** that you, your spouse, your child(ren) or other family members or others with whom you have contact will not become infected with COVID-19. Further, attending and/or participating in any human services and/or recreational events, programs, classes or other activities could **increase** risk to you, your spouse, your child(ren), other family members or others with whom you have contact of contracting COVID-19.

1. By signing this Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I, my spouse, my child(ren), other family members or others with whom we have contact may be exposed to or infected by COVID-19 by attending and/or participating in any human services and/or recreational events, programs, classes or other activities in the City and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to City employees, volunteers, and program participants and their families.
2. I voluntarily agree to assume all of the foregoing risks, both known and unknown, and accept sole responsibility for any injury to me, my spouse, my child(ren) or other family members including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I, my spouse, my child(ren) or other family members may experience or incur in connection with my and/or my child(ren)'s attendance and/or participation in City human services and/or recreational events, programs, classes or other activities. On my behalf, and on behalf of my heirs, assigns, personal representatives and next of kin, I hereby release, covenant not to sue, discharge, and hold harmless the City, its employees, agents and representatives, and other participants, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this Assumption of Risk and Waiver includes any Claims based on the actions, omissions, or negligence of the City, its employees, agents and representatives, whether a COVID-19 infection occurs before, during, or after participation in any City human services and/or recreational events, programs, classes or other activities.

****FOR ADULT PARTICIPANTS:**

Printed Name of Participant

Signature of Participant

Date

****FOR PARTICIPANTS OF MINORITY AGE (UNDER 18 AT THE TIME OF REGISTRATION)**

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Printed Name(s) of Registered Participant(s)

SIDE 1

BRECKSVILLE TRAVEL BASEBALL ASSOCIATION

Team / Year

A CVYO Member Program

____ / 2021

Player Enrollment Form

BOYS

Birthday Rule: A player cannot turn the next age prior to May 1st.

BIRTHDATE: _____ **Grade:** _____ **School:** _____

PLAYER NAME: _____

HOME PHONE: _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

MOTHER: _____ **FATHER:** _____

CELL: _____

E-MAIL ADDRESS: _____

Does your son play any spring sports that conflicts with Baseball 4/15-7/20: _____

Do you anticipate your son missing any practices or games from 4/15-7/20: _____

Emergency Contact: _____

(Name and Relationship)

Address: _____ **City:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Doctor/Phone: _____

Dentist Phone: _____

Any medical problems/allergies: _____

In the event of a medical emergency, I, _____, grant permission for my daughter/son to receive medical treatment.

Signed: _____

Date: _____

**BRECKSVILLE TRAVEL BASEBALL ASSOCIATION
EXPLANATION OF INHERENT RISKS AND PARTICIPATION AGREEMENT FOR BASEBALL/FASTPITCH**

Note: The athlete and both parents and/or legal guardians (if living) must sign this form before any athlete may participate in Brecksville Travel Baseball Association sport practices or games. If one parent or guardian is deceased, please indicate so on the appropriate line.

Baseball/Fastpitch is an exciting sport that involves forceful contact with the ground or another player. The sport is also frequently played during hot, humid seasons. Because of these conditions inherent to the sport, participating in baseball/softball exposes an athlete to many risks of injury. Those injuries include, but are not limited to, death; paralysis due to serious neck and back injuries; brain damage; damage to internal organs; serious injuries to bones, ligaments, joints, and tendons; and general deterioration of health. Such injuries can result not only in temporary loss of function, but also in serious impairment of future physical, psychological, and social abilities, including the ability to earn a living.

We have read the information above concerning the risks of baseball/fastpitch. We understand and assume all risks associated with trying out, practicing, or playing baseball/fastpitch. We further agree to hold the Brecksville Baseball Association and its representatives, coaches, volunteers, and agents harmless in any and all liability actions, claims, or additional legal action in connection with participation in any activities related to participation on any Brecksville Travel Baseball Association team.

In signing this form, we assume the inherent risks of baseball/fastpitch and waive legal action by our heirs, estate, executor, administrator, assignees, family members, and ourselves.

Signature of athlete: _____ Date: _____
Signature of mother (or legal guardian): _____ Date: _____
Signature of father (or legal guardian): _____ Date: _____

Roster information will only be distributed as required by league (CVBA or Emerald Necklace), Tournaments and the City of Brecksville.

Copy kept by manager – Original on file with BTBA

SIDE 2 BRECKSVILLE TRAVEL BASEBALL ASSOCIATION Team / Year
A CVYO Member Program _____ / 2021
Player Enrollment Form

CONSENT TO POST INFORMATION/PICTURES ON THE BTBA WEBSITE

I _____ am the parent and/or legal guardian of

_____ (first and last name of child).

The BTBA a CVYO Member Program shall use the information below on program and/or team website(s) for purposes of scheduling, posting, team/player photographs, and disseminating player and family contact information.

A photograph of my child
A group photograph that includes my child
My Child's First Name
My Child's Last Name
My Name
My Address
My Contact Information

User name and password will be required to gain access of site.

Therefore, by my signature below, I give permission to BTBA a CVYO Member Program to post the materials on the BTBA / CVYO team web site.

Signature of parent/guardian Printed name of parent/guardian Date

**Brecksville Travel Baseball
Association**
A CVYO Member Program
**COVID-19 Consent and
Release Form**

This Consent and Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement (this “**Release Agreement**”) is to certify that I, as a participant or as a parent or guardian with legal responsibility for a minor child or ward that is a participant (hereinafter “**Participant**”), for the benefit of **Brecksville Travel Baseball Association, Member program of Cuyahoga Valley Youth Organization (“BTBA / CVYO”)** and its directors, officers, employees, teams, players, coaches, instructors, participants, volunteers, guides, agents, representatives, independent contractors, subcontractors, suppliers, sponsors, successors and assigns (all of whom are hereinafter referred as the “**Releasees**”), acknowledge that Participant will be engaged in youth baseball (“**Sport**”), which includes, but not limited to, all activities, events or services provided, arranged, organized, conducted, sponsored or authorized by the Releasees and shall include, without limitation, tournaments, games, practices, rental, orientational and instructional courses, seminars and sessions, travel, transport and accommodation, and other such activities, events and services in any way connected with or related to the Releasees.

COVID-19: The Participant acknowledges that the novel coronavirus (“**COVID-19**”), has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact, and those engaged in Sport are not immune from COVID-19 or the associated risks thereof.

The Participant further understands the COVID-19 virus has a long incubation period, during which carriers of the virus may not show symptoms and still be highly contagious. It is currently impractical to determine who may have COVID-19 and not yet be exhibiting symptoms.

Prior to each event, the Participant, Parent or Guardian shall confirm that that Participant is not presenting any of the following symptoms of COVID-19 as follows: Fever over 100.4 degrees F, - shortness of breath, dry cough, body aches, sore throat, fatigue, sweating, and/or loss of taste or smell.

Participant, Parent or Guardian acknowledge and understand that air travel significantly increases the risk of contracting and transmitting the COVID-19 virus. It is further acknowledged and understood the CDC recommends social distancing of at least 6 feet for a period of 14 days to anyone who has recently travelled.

The undersigned verify that Participant has not traveled outside the United States in the past 14 days to countries that have been affected by COVID-19.

If, at any point in the next 14 days, Participant or any immediate family/household member begins to exhibit symptoms of the COVID-19 virus, I will inform the BTBA/CVYO immediately and will inform them of any testing results or quarantine orders I receive from a medical physician. I understand this continued communication with the BTBA/CVYO is essential to help curb the spread of the virus and to allow the league to provide informed consent to other participants and to otherwise take protective measures. I understand the BTBA/CVYO will not share or disseminate any of my protected health information for any unlawful or prohibited purpose.

RULES, GUIDELINES AND BEST PRACTICES OF PARTICIPATION AND CONDUCT: Participant, Parent and/or Guardian agree to adhere to all rules of participation in Sport and general conduct promulgated and published, from time to time, by Releasees, as well as those mandatory guidelines and recommended best practices for Sports Leagues as issued by the State of Ohio and/or the Governor's Adult and Youth Sports Leagues Advisory Group.

ASSUMPTION OF RISKS: I further certify and acknowledge that Sport may be inherently dangerous and can cause serious or grievous injuries, including bodily injury, damage to personal property, and death and that Participant recognizes and assumes that risk, whether foreseeable or not reasonably foreseeable, including possible exposure to **COVID-19**, and Participant agrees to participate in Sport. This assumption of the risk shall be considered to the broadest extent possible as allowable by law.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT: In consideration of the Releasees agreeing to allow Participant to participate in Sport and permitting Participant's use of services, equipment, and other facilities, and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, Participant hereby agrees as follows:

1. **TO WAIVE ANY AND ALL CLAIMS** that Participant has or may in the future have against the Releasees and to release the Releasees from any and all liability for any loss, damage, expense or injury, including death, that Participant may suffer or that Participant's next of kin may suffer, as a result of Participant participating in Sport **DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED, ON THE PART OF THE RELEASEES, AND FURTHER INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT PARTICIPANT FROM THE RISKS, DANGERS AND HAZARDS OF PARTICIPATING IN SPORT AND POSSIBLE EXPOSURE TO COVID-19;**
2. **TO HOLD HARMLESS AND INDEMNIFY** the Releasees for any and all liability for any property damage, loss or personal injury to any third party resulting from Participant's participation in Sport;

3. This Release Agreement shall be effective and binding upon Participant's heirs, next of kin, executors, administrators, assigns and representatives, in the event of Participant's death or incapacity; and
4. This Release Agreement and any rights, duties and obligations as between the parties to this Release Agreement shall be governed by and interpreted solely in accordance with the laws of the State of Ohio no other jurisdiction.

In entering into this Release Agreement, Participant is not relying on any oral or written representations or statements made by the Releasees with respect to the safety of participating in Sport, other than what is set forth in this Release Agreement.

I CONFIRM THAT I HAVE READ AND UNDERSTAND THIS CONSENT AND RELEASE AGREEMENT PRIOR TO SIGNING IT, THAT I HAVE SIGNED THIS RELEASE AGREEMENT FREELY, VOLUNTARILY, UNDER NO DURESS OR THREAT OF DURESS, WITHOUT INDUCEMENT, PROMISE OR GUARANTEE BEING COMMUNICATED TO ME. I AM AWARE THAT BY SIGNING THIS RELEASE AGREEMENT, I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

Name of Participant (print) _____ Age _____

Parent/Guardian (Signature) _____ Date _____

Name of Parent/Guardian (print) _____

Participant Home Address _____

Participant Phone Number _____

Email _____

Team Name _____

Coach _____

Division/Age _____