



<b>Academy Staff Use Only</b>
Date Received: _____
Received By: _____

# Academy Membership Application

**ACADEMY-MEMBER INFORMATION:**

Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ethnicity: \_\_\_\_\_

Gender (Circle):    Male                  Female                  Height: \_\_\_\_\_ inches    Weight: \_\_\_\_\_ pounds

Current Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**PARENT or GUARDIAN INFORMATION:**

Parent                      or                  Guardian   

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PLAYER INFORMATION:**

Position(s):                  Catcher                  First Base                  Second Base                  Third Base                  Shortstop

   Outfield                  Right-Handed Pitcher                  Left-Handed Pitcher                  Utility

Bats:                  Right                  Left                  Switch

Throws:                  Right                  Left                  Switch

**EDUCATION INFORMATION:**

Grade:    K    1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>    4<sup>th</sup>    5<sup>th</sup>    6<sup>th</sup>    7<sup>th</sup>    8<sup>th</sup>    9<sup>th</sup>    10<sup>th</sup>    11<sup>th</sup>    12<sup>th</sup>                  College Year:    1    2    3    4    5

School/College: \_\_\_\_\_ City of School: \_\_\_\_\_

How did you hear about the Academy? \_\_\_\_\_

Have you played baseball or softball before? \_\_\_\_\_



**Major League Baseball Urban Youth Academy  
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the Major League Baseball Urban Youth Academy (the "Academy") (or for my children to so participate) for any purpose, including, but not limited to observation, or use of facilities or equipment, or participation in any on-site program affiliated with the Academy, the undersigned, for himself or herself or such participating child and any personal representatives, heirs and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the Academy for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use of participation by the undersigned or such child.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE ACADEMY FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY ON-SITE PROGRAM AFFILIATED WITH THE ACADEMY. THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. UNDERSIGNED, ON HIS OR HER BEHALF OR ON BEHALF OF SUCH CHILD, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE ACADEMY, its directors, officers, employees and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such child and all of the personal representatives, assigns, heirs and next of kin of the undersigned or such child for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such child, whether caused by the negligence of the releasees or otherwise while the undersigned or such child is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the ACADEMY.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the negligence, intentional act or other contributory act of the undersigned or such child in, upon or about the ACADEMY premises or in any way observing or using any facilities or equipment of the ACADEMY or participating in any program affiliated with the ACADEMY.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such child due to the negligence of releasee or otherwise while in, about or upon the premises of the ACADEMY and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the ACADEMY.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I have read the completed application, understand the rules of the Academy and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the Academy will not be responsible for any accident to the boy/girl while on the Academy premises or while engaged in any of its activities away from the Academy. I give my consent for photographs and video, in which my son/daughter may appear, to be used in any way the Academy may care to use them.

**Printed Name of Academy Member:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Printed Name of Parent or Guardian:** \_\_\_\_\_

**Signature of Academy Member/Parent or Guardian:** \_\_\_\_\_



## MEDICAL HISTORY FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency/Secondary Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

	YES	NO
<b>Have you ever been hospitalized?</b>	<input type="radio"/>	<input type="radio"/>
<b>Are you currently taking any medication?</b>	<input type="radio"/>	<input type="radio"/>
<b>Have you ever passed out during or after exercise?</b>	<input type="radio"/>	<input type="radio"/>
<b>Have you ever been dizzy during or after exercise?</b>	<input type="radio"/>	<input type="radio"/>
<b>Have you ever had chest pain during or after exercise?</b>	<input type="radio"/>	<input type="radio"/>
<b>Do you have trouble breathing or do you cough during or after exercise?</b>	<input type="radio"/>	<input type="radio"/>
<b>Have you had any problems with your eyes or vision?</b>	<input type="radio"/>	<input type="radio"/>
<b>Do you wear glasses, contacts or protective eye wear?</b>	<input type="radio"/>	<input type="radio"/>
<b>Do you have problems hearing?</b>	<input type="radio"/>	<input type="radio"/>
<b>Do you have asthma?</b>	<input type="radio"/>	<input type="radio"/>
<b>Do you have a heart condition?</b>	<input type="radio"/>	<input type="radio"/>
<b>Do you have Diabetes? Type 1 ____ Type 2 ____</b>	<input type="radio"/>	<input type="radio"/>
<b>Do you wear a medical information bracelet or necklace?</b>	<input type="radio"/>	<input type="radio"/>
<b>Have you ever had a concussion?</b>	<input type="radio"/>	<input type="radio"/>
<b>Are you currently taking any supplements?</b>	<input type="radio"/>	<input type="radio"/>
<b>Do have any allergies or are you allergic to anything? If so, does it require an EPI-Pen?</b>	<input type="radio"/>	<input type="radio"/>

If yes to any of the above, please briefly provide further explanation below.

---

---