

2024 Brownton Cubs Softball Registration Form

Return by Friday, February 16, 2024

Incomplete Forms and Late registrations will NOT be accepted

Player's Name: _____ Age as of **8/31/23: _____

Shirt/Uniform Size: _____ Date of Birth: _____ Grade 23-24 school year: _____

Does your daughter play on a school softball team? Y/N School Name: _____

Parent 1 Name: _____ Cell ph#: _____

Parent 2 Name: _____ Cell ph#: _____

Primary Mailing Address: _____

Parent 1 E-Mail: _____ Parent 2 E-Mail: _____

Parents: I give permission for my child to play on the Brownton Area Baseball and Softball team.

Parent 1 Signature: _____ Date: _____

Parent 2 Signature: _____ Date: _____

12U thru 18U age players need to provide a copy of their birth certificate and picture i.d. (or photo). These items can be turned in to a board member if you are not comfortable mailing them.

Please indicate if you are interested in any of the positions below:

Head Coach(Name) _____ **Assistant Coach(Name)** _____

Team Parent _____ (organize concession shifts for game, keeps binder w/ player info, help w/team communication)

Level	Non-Refundable Registration Fees	Concession Stand Fee*
8u	\$100	\$75
10u	\$150	\$75
12u	\$150	\$75
14u	\$150	\$75
HS	\$150	\$75

Make Checks out to B.A.B.S and mail with forms to City of Brownton; Attn: BABS; PO Box 238; Brownton, MN 55312 or you can drop off at the city office at 335 3rd Street S. (a drop box is located on the East side of the building for after hours). *Note the Concession stand deposit check will be returned if you work a shift in the stand.

AdditionalComments/Concerns: _____

2024 Brownton Cubs Softball Board includes

Sarah Waller, Stacy Zellmann, Diana Klabunde, Angie Silfverston, Kelcie Howe, Blair Hansch, and Anna Draeger

Cubs email address: browntoncubs@gmail.com

Brownnton Area Baseball and Softball

BABS Medical Consent To Treat Form

Athlete Name: _____ Birth Date: _____ Age: _____ Gender: M / F

Address: _____ PH# ____ - ____ - _____

This is to certify that on this date, I _____, as parent or guardian of _____, give my consent to BABS and its medical representative to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned athlete for any injury that could arise from participation in BABS sanctioned events.

If said athlete is covered by any insurance company, please complete the following:

Insurance Company: _____

Name of Policy Holder: _____
(list parent/guardian that carries the insurance)

Address: _____

Policy Number: _____

Signed: _____

Relationship to Athlete: _____

Home Address: _____
(if different than above)

Phone: _____

Date: _____

EMERGENCY INFORMATION

Allergies _____

Other Information _____

Emergency Contact: _____ Relationship _____

Telephone: (H) ____ - ____ - _____ (W) ____ - ____ - _____ (C) ____ - ____ - _____

Personal Physician _____ Office Telephone ____ - ____ - _____

Brownton Area Baseball and Softball

BABS PHYSICAL HISTORY FORM

Athlete Name: _____ Birth Date: _____

Circle Question Number ① for which the answer is unknown.

Circle Y for Yes or N for No

GENERAL QUESTIONS

1. Has a doctor ever denied or restricted your participation in sports for any reason or told you to give up sports? Y / N
2. Do you have an ongoing medical condition (like diabetes, asthma, anemia, infections)? Y / N
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? Y / N
List:
4. Do you have allergies to medicines, pollens, foods, or stinging insects? Y / N
5. Have you ever spent the night in a hospital? Y / N
6. Have you ever had surgery? Y / N

HEART HEALTH QUESTIONS ABOUT YOU

- Have you ever passed out or nearly passed out DURING exercise? Y / N
7. Have you ever passed out or nearly passed out AFTER exercise? Y / N
 8. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? Y / N
 9. Does your heart race or skip beats (irregular beats) during exercise? Y / N
 10. Has a doctor ever told you that you have? (circle):
High blood pressure A heart murmur High cholesterol A heart infection Rheumatic fever Kawasaki's Disease
 11. Has a doctor ever ordered a test for your heart? (for example, ECG/EKG, echocardiogram, stress test) Y / N
 12. Do you get lightheaded or feel more short of breath than expected during exercise? Y / N
 13. Have you ever had an unexplained seizure? Y / N
 14. Do you get more tired or short of breath more quickly than your friends during exercise? Y / N

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

15. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including unexplained drowning, unexplained car accident, or sudden infant death syndrome)? Y / N
16. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? Y / N
17. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? Y / N
18. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? Y / N

BONE AND JOINT QUESTIONS

19. Have you ever had an injury, like a sprain, muscle or ligament tear or tendonitis that caused you to miss a practice or game? Y / N
20. Have you had any broken or fractured bones or dislocated joints? Y / N
21. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? Y / N
22. Have you ever had a stress fracture? Y / N
23. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism) Y / N
24. Do you regularly use a brace, orthotics or other assistive device? Y / N
25. Do you have a bone, muscle, or joint injury that bothers you? Y / N
26. Do any of your joints become painful, swollen, feel warm, or look red? Y / N
27. Do you have any history of juvenile arthritis or connective tissue disease? Y / N

MEDICAL QUESTIONS

28. Has a doctor ever told you that you have asthma or allergies? Y / N
29. Do you cough, wheeze, experience chest tightness, or have difficulty breathing during or after exercise? Y / N
30. Is there anyone in your family who has asthma? Y / N
31. Have you ever used an inhaler or taken asthma medicine? Y / N
32. Do you develop a rash or hives when you exercise? Y / N
33. Were you born without or are you missing a kidney, an eye, a testicle (males), or any other organ? Y / N
34. Do you have groin pain or a painful bulge or hernia in the groin area? Y / N
35. Have you had infectious mononucleosis (mono) within the last month? Y / N
36. Do you have any rashes, pressure sores, or other skin problems? Y / N
37. Have you had a herpes or MRSA skin infection? Y / N
38. Have you ever had a head injury or concussion? Y / N
39. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems? Y / N
40. Do you have a history of seizure disorder? Y / N
41. Do you have headaches with exercise? Y / N
42. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? Y / N
43. Have you ever been unable to move your arms or legs after being hit or falling? Y / N
44. Have you ever become ill while exercising in the heat? Y / N
45. Do you get frequent muscle cramps when exercising? Y / N
46. Do you or someone in your family have sickle cell trait or disease? Y / N
47. Have you had any problems with your eyes or vision? Y / N
48. Have you had any eye injuries? Y / N
49. Do you wear glasses or contact lenses? Y / N
50. Do you wear protective eyewear, such as goggles or a face shield? Y / N

Notes:

I do not know of any existing physical or additional health reasons that would preclude participation in sports. I certify that the answers to the above questions are true and accurate and I approve participation in athletic activities.

Parent or Legal Guardian Signature

Athlete Signature

Date

Brownton Area Baseball & Softball

Player's Code of Conduct

1. As a player, I will learn and follow all the rules and procedures of the coach, team, league, and board members.
2. I will respect my coach, my teammates, my opponents, the officials, and fans watching the game.
3. I will show good sportsmanship, whether win or lose.
4. I will have a positive attitude and give encouragement to my teammates.
5. I will attend and be prompt to practices and games. In case of an absence, I will contact the coach or team parent ahead of time.
6. I will take care of all equipment and play safely.
7. I will be a team player and show pride in my team.
8. I will play to the best of my ability, have fun, and learn.
9. I will return my jersey/uniform after the last game of the season.

Player's signature: _____ Date: _____

Parent's Code of Conduct

1. As parent/s, I/we will conduct myself/ourselves according to the Cub's Program, league, and tournament rules. *your actions can result in Coach Ejection Per League rules*
2. I/we will not use or carry alcohol/drugs at any practices or games.
3. I/we will respect the coaches, players, opponents, officials, and fans watching the game.
4. I/we will support the coaches, the team, and the board members.
5. I/we will be positive role models and supporting fans.
6. I/we are responsible for our child's conduct and behavior.
7. I/we will see that our child attends practices and games and assist with car-pooling if possible.
8. In case of an absence I/we will make sure the coach or team parent is contacted.
9. I/we will encourage fun and learning.
10. I/we will ensure that my child returns the jersey/uniform after the last game of the season.
11. I/we will help with fundraisers and work concessions at home game(s) or my deposit will not be returned.
12. I/we agree that photos, images, and/or videos of my child may be used on social media or printed.

Select box if you DO NOT want your child's image used.

Parent's signature: _____ Date: _____

_____ Date: _____

Brownton Area Baseball and Softball (B.A.B.S.)
VOLUNTARY WAIVER OF LIABILITY AGREEMENT

(This Document Affects Your Legal Rights. Read Carefully Before Signing)

I wish to participate in the Brownton Area Baseball and Softball program. I state and affirm that:

1. My participation is voluntary. No one is forcing me to participate.
2. I acknowledge the Activity is **NOT** an **ESSENTIAL** service provided by the "B.A.B.S" organization or the City of Brownton.
3. I understand and acknowledge the Activity I am about to voluntarily engage in as a participant has certain risks, including but not limited to, bruises, cuts, sprains, strains, head injuries, and broken bones. I understand these risks known or unknown, anticipated or unanticipated may result in injury, death, illness, disease or damage to myself or my property, or to other persons and their property.
4. In consideration of being allowed to participate in this Activity, I hereby personally assume all risks in connection with this Activity and I hereby agree to hold the Brownton Area Baseball and Softball organization "B.A.B.S.", the City of Brownton, its officials, employees, agents, and contractors harmless and I waive any right to make claims or bring lawsuits against the "B.A.B.S", the City of Brownton, or anyone working on behalf of the "B.A.B.S" organization, the City of Brownton, or any injuries or damages related to the alleged negligence of the "B.A.B.S" organization or the City of Brownton.
5. This waiver does not apply to any injuries or damages that are the result of any willful, wanton, or intentional misconduct by "B.A.B.S" organization, the City of Brownton, or anyone acting on behalf of the "B.A.B.S" organization or the City of Brownton.
6. I understand that entering into and signing this agreement affects my legal rights and results in my giving up or waiving certain legal rights, and I accept this and sign this agreement of my own free will.
7. The terms of this agreement shall bind the members of my family, if I am alive, and my heirs, and personal representatives if I am deceased.
8. My signature indicates that I have read this entire document, understand it completely, acknowledge that it cannot be modified or changed in any way by oral representations, and agree to be bound by its terms.
9. I will follow Covid-19 protocols and guidelines provided by the Crow River Fastpitch League.
10. I assume all responsibilities regarding infection and transmission of Covid-19.

Player's Name _____ Date(s) of Activity _____

(Please Print Full Name)

Address: _____

Player's Signature

Date

Notice: If the participant is under 18 years old or has a legal guardian, this release must be co-signed by a parent or guardian.

* I certify that I am the parent or legal guardian of the above individual and hereby consent to his or her participation in the Activity. I have read and understand the above Volunteer Waiver of Liability Agreement and I agree to be bound by the terms stated therein.

Name of Parent/Guardian (Please Print)

Signature of Parent/Guardian

Date