

YOUTH DAY 202 - PRE-REGISTRATION FORM

Sponsored By: **My Insurance People**
Hosted By: **Clairton Sportsmen's Club**

SATURDAY- JULY 29, 2023

Registration: 7:00 am· 8:30 am

Program: 8:30 am· 4:30 pm

Pre-Registration is required: **Deadline: July 15, 2023 (No Exceptions)**

- No late registrations will be accepted.
- A parent or guardian **must** accompany each participant
- Participants will be placed on one of several squads . (If there are multiples, please sign up together. **NO changes will be made once added.**)

Please Print Clearly

Participant's Name _____

Participant's Age _____ Number of Adults Attending: _____

Participant's Phone Number _____ (REQUIRED)

Participant's Email Address _____ (REQUIRED)

Name of individual(s) or group you wish to be paired with (if applicable) _____

No substitutions available for food allergies

No Team Substitutions or Changes will be made after the July 15, 2023 deadline

Please call if you are unable to attend so that we may add people on the waiting list!

Please complete both sides of this form and email to: lorimsteinert55@gmail.com (Preferred)

Forms can also be mailed to:

My Insurance People
Attn: Youth Field Day 2023
633 Long run Road, Suite 100
McKeesport, PA 15132

You WILL receive a confirmation by email or phone. (If you do not receive confirmation, you are not registered - it is your responsibility to contact us.)

Have Questions? Please call: Lori Steinert @ 412.913-4387 (If there is no answer, please leave a message)

RELEASE FROM LIABILITY AGREEMENT

To: Clairton Sportsmen's Club, Inc. (Activity)

In Consideration of _____ (Minor) being permitted to participate in the **Activity**, the undersigned does hereby on behalf of myself, my heirs, executors, administrators, and assigns does hereby:

1. State that the undersigned is the parent or guardian of the **Minor** and that the undersigned understands that certain of the events to be conducted during the **Activity** require physical exertion and that the **Minor** is physically fit to participate in such events and gives permission to the **Minor** to participate in **Activity**.
2. Assumes all risk of the **Minor** participating in the **Activity**.
3. Acknowledges and understands that the **sponsors** nor any other sponsors of the **Activity** carry or maintain health, medical or disability Insurance coverage for the **Minor** and that the undersigned assumes all responsibility for maintaining such coverage if same is desired by **Minor** and that the undersigned assumes all responsibility for maintaining such coverage if same is desired by the undersigned for the **Minor**.
4. Consents to have any staff, employees, agents or representative of the **sponsor** or any other sponsor of the **Activity** administer such emergency medical care to the **Minor** as deemed appropriate under the circumstances.
5. Indemnifies and saves harmless the **sponsor**, all other sponsors of the **Activity**, and all member organizations of the **sponsor**, and their respective members, employees, officers, directors, shareholders, affiliates, agents, representatives, successors and assigns from and against any and all liability incurred by any of them arising as a result of or emanating from the **Minor's** participation in the **Activity**.
6. Release and forever discharge the **sponsor**, all other sponsors of the **Activity** and all member organizations of the **sponsor**, and their respective members, employees, officers, directors, shareholders, affiliates, agents, representatives, successors and assigns of and from all claims, demands, damages, costs, actions and causes of action in respect to death, injury, property or other damages arising or to arise by reason of **Minor's** participation in **Activity**.
7. Agree that if any provision of this Release is held to be invalid by a Court of Competent jurisdiction such invalid provision will not affect the remaining provisions, of this Release, which shall continue to be enforceable.
8. Consent to use of any photographs, motion pictures, digital or other recordings made of the **Minor's** participation in the **Activity** for any legitimate purpose and without further consideration.
9. This Release shall be governed by the laws of the Commonwealth of Pennsylvania.

I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE WITH THE PROVISIONS SET FORTH ABOVE AND INTENDING TO BE LEGALLY BOUND HEREBY I HAVE SIGNED THIS RELEASE ON THE

_____ DAY OF _____ 2023

Name – Print / Signature of Parent or Guardian (PLEASE PRINT CLEARLY)

Street Address

City, State, Zip Code

E-mail Address (PLEASE PRINT CLEARLY)

If you do not receive phone or email confirmation, it is your responsibility to contact us!