

# PYL Minor League Registration



## Player Information

Player Full Name: \_\_\_\_\_

Country: \_\_\_\_\_

## Member Club Information

PYL Club Name: \_\_\_\_\_

## Parent Information

Parent/Guardian Full Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number \_\_\_\_\_

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

Division & Level : \_\_\_\_\_ Age: \_\_\_\_\_

**Player yearly membership Fee: \$35 yearly.** Payment is due by September 10th.

## **Waiver and Release Form**

Participant recognizes, understands, appreciates and acknowledges: The risks and dangers of injury that may occur in the course of being on the grounds of the PYL Minor league events and activities (including, for example, but not by way of limitation, activities involving height and rotation, skills and techniques, and facilities, equipment, apparatus, mats, and pits unique to the sport of gymnastics and its various disciplines); that my presence at the PYL Minor League Centers and/or my participation in activities may involve risk of bodily injury(including, for example, but not by way of limitation, injuries to bones, joints, muscles and internal organs), illness, disability or paralysis (whether temporary, permanent, total or partial), death, or other harm; and that Participant voluntarily engages in the activities with adequate prior knowledge of such risks and dangers.

USE OF IMAGE. I here by authorize to PYL Central exclusive, perpetual right to use my name, image, likeness, or voice (together, "Identifications") and to photograph, record or video me, in connection with my participation in the Activities, for the purpose of promoting the sport of gymnastics and all of the programs, activities and work of PYL. Such use may be in any medium, whether now known or here after devised, including, but not limited to, print, electronic, television, film, digital, website, online, video streaming and social media entries. In no event, however, may PYL, by virtue of this specific grant of rights, use my Identifications for purposes of my endorsement of any commercial product or service without my prior written permission. This grant of rights shall be in addition to, and shall in no manner limit or affect, any other consent, permission, grant, or license that I may have given or in the future may give to PYL for the use of my Identifications or performances in or related to the sport of gymnastics.

TERM: This Waiver and Release of Liability shall remain valid for the entire calendar year in which it is executed (from September 1st and expired on August 31 of the next year) or until it is expressly revoked by written notice from me to PYL, whichever occurs first; provided however, that any such revocation shall not in any manner affect the waiver, release of liability, and indemnification given hereunder for any acts or occurrences prior to such receipt of said written notice by PYL or prior to termination of my participation.

*I HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.*

*I HAVE RECEIVED A COPY, HAVE READ, UNDERSTAND AND AGREE TO THE RULES OF THE MINOR LEAGUE PROGRAMS.*

Print Name of Player: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Player: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

