

GARDEN CITY ATHLETIC ASSOCIATION

MEMBERSHIP APPLICATION

I understand that this application for membership in the Garden City Athletic Association (herein “GCAA”) will be accepted upon signing and submission to GCAA. As a Member of GCAA and in consideration of being allowed to participate in athletic programs and activities, I agree that:

- 1) Membership is subject to the rules and regulations of GCAA, or any other sports or athletic organizations with which the GCAA programs are or may become affiliated, such as, by way of example, Little League. Aforementioned rules and regulations may be reviewed on GCAA website or upon request.
- 2) Membership may be revoked with or without cause at the discretion of the Board of Directors of the GCAA.
- 3) Membership includes limited insurance coverage, which is EXCESS INSURANCE ONLY that becomes effective only after Member's personal insurance coverage. Members are hereby encouraged to review their independent liability and health insurance coverage.
- 4) Membership is subject to the GCAA code of conduct, receipt of which is hereby acknowledged.
- 5) The registrant (player) may participate only in the programs specified for the seasons covered by this application.

I, the parent or legal guardian of the child named below, with sole legal responsibility for him or her, hereby give approval for participation in the GCAA program(s) indicated. I certify that all information on this application is true and I agree to the terms set forth herein.

PROXY STATEMENT

I hereby appoint Al Vanasco or, in his absence another designated GCAA Board representative, as my proxy with power of substitution, to represent and vote in my stead at the Annual Meeting of the GCAA to be held Virtually or at a designated location in Garden City, NY. This proxy shall apply to any adjournment thereof. I understand that I may revoke this proxy at any time. I further agree that no further notice, other than provided herein, need be given to me of said Annual Meeting and by my signature hereof. I hereby waive any right to receive any further notice of said Annual Meeting.

PARENTAL WAIVER AND CONSENT FORM

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a team member in the sport designated below.

I understand that there are certain hazards and risks of injury inherent in the practice and play of this sport, as well as in traveling to and from playing venues and other related activities incidental to my child's participation, including, but not limited to:

1. Injury from the activity, other players and equipment;
2. Hazards relating to environmental conditions, topography, improvements at playing sites, natural and man-made hazards;

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3. My own negligence and the negligence of others;
4. Exposure to the elements and weather extremes;
5. Accidents and illness in areas without medical facilities or personnel;
6. Exposure to and potential illness from infectious diseases and illnesses, including, without limitation, flu, virus, pandemics and COVID-19;
7. Impact with other players, staff, spectators, pedestrians, equipment and motor vehicles.
8. I agree that my child will wear protective devices as required by the GCAA but that protective devices cannot guaranty the participant's safety. I further acknowledge and agree that the description of risks set forth is not exhaustive and that these and other known and unknown risks may result in injury, illness and death. I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities.

In addition to giving my full consent for my child's participation, I do hereby release, indemnify and hold harmless the GCAA, its officers, directors, employees, coaches, sponsors, supervisors, representatives and volunteers ("Releasees") for any responsibility, claim, cause of action, expense, liability or cost as a result of injury, illness, disability, death or loss or damage to person or property, that I, my child, my family members, my estate, executors or heirs may have as a result of participation in the designated sport and the activities incidental thereto, whether caused by the negligence of the Releasees or otherwise.

Program/Sport: _____ SPRING SUMMER FALL WINTER

Youth Participant: _____ Age: _____ Grade: _____

Address: _____

Address: _____

Name of Parent/Guardian of Participant: _____

Signature of Parent/Guardian of Participant: _____ Date: _____