



The Dugout

Tupelo Youth Baseball Association

Annual Membership Enrollment Form
\$50 Nonrefundable Initiation Fee and \$25 per month

Household Name _____ Email #1 _____

Address _____ Email #2 _____

City _____ State ____ Zip _____ Phone # _____

Family members	Date of Birth	Grade	Gender	Phone #
Full Name: _____	_____	_____	Male Female _____	_____
Full Name: _____	_____	_____	Male Female _____	_____
Full Name: _____	_____	_____	Male Female _____	_____
Full Name: _____	_____	_____	Male Female _____	_____

Liability Waiver Form

To the best of my knowledge, I am in good physical condition and fully able to participate in the activities offered in this facility. I am fully aware of the risks and hazards connected with the participation in these activities, including physical injury or even death, and hereby elect to voluntarily participate in these activities, knowing that the associated physical activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in activities at this facility.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, The Dugout, the Tupelo Youth Baseball Association, the City of Tupelo, their officers, servants, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in physical activity, or while on or upon the premises.

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVE, DISCHARGE, and CONVENTION TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the State of Mississippi.

In signing this release, I acknowledge and represent that I HAVE READ THE FORGOING Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

Signature

Print Name

Date

Parent's Signature
(If under 18)

Parent's Print Name



The Dugout Tupelo Youth Baseball Association

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBTS)

Name: _____ Phone # _____
(Please Print)

I (we) hereby authorize **Tupelo Youth Baseball Association** hereinafter call **COMPANY**, to initiate debt entries to my (our) Checking Account/ Savings Account (select one) indicated below at the financial institution named below hereafter called the **BANK**, and to debit the same to such account, I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. Laws.

Bank Name: _____
(Please Print)

City: _____ State: _____ Zip: _____
(Please Print)

Routing Number: _____ Account Number: _____
(Please Print)

Amount to Debit: \$50 Nonrefundable Initiation Fee and \$25 Monthly Fee

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act to it.

Names (s) _____
(Please Print)

Date: _____ Signature: _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

PLACE VOIDED CHECK HERE