**Chase Passauer Memorial Scholarship Fund**

RNYB has established the Chase Passauer Memorial Scholarship Fund for families in need to ensure all youth have an opportunity to participate in baseball. The fund honors its namesake and his love of baseball, both as a player and umpire. To be considered for a scholarship, complete this application and return it to Scott Tjomsland, RNYB Treasurer, at rnyb.tjomsland@gmail.com. Completed applications must be received by the last day of the scheduled registration period unless a previous arrangement was established with the President or Treasurer. Applicants will be notified of the scholarship decision via email.

**Application**

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| Parent/Legal Guardian Name(s): |  |
| Address: |  |
| Phone Number: |  |
| Email: |  |
| YMCA Member? (Y/N) | Would you like information on membership options? (Y/N) |
| Child 1 Name: |  |
| Current Grade: | Birthdate: | Gender (M/F) |
| Jersey Size: | Pants Size: |
| Child 2 Name: |  |
| Current Grade: | Birthdate: | Gender (M/F) |
| Jersey Size: | Pants Size: |

Please explain your need for a scholarship (use an additional sheet if needed):

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All information provided must be true and accurate. Providing false information may result in player/family ineligibility for the current and/or future participation.

I certify that I have read and understand the information on this form, and that the information submitted is complete and accurate to the best of my knowledge.

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Signature of Parent/Legal Guardian Date

**Waiver of Liability**

I understand that The Young Men’s Christian Association of the Greater Twin Cities assume no responsibility for injuries or ill-nesses which my minor child may sustain as a result of any physical condition or resulting from participation in any YMCA child care activities or experiences. I expressly acknowledge on behalf of my minor child and heirs that I assume the risk for any and all injuries and illnesses which may result from my minor child’s participation in these activities. If my child requires use and administration of an epi-pen, it is my responsibility to ensure that the epi-pen is on my child or within their personal belongings every day of the program. If YMCA child care staff is required to administer and use the epi-pen that I agree to forever release and discharge the YMCA and its’ directors, officers, and employees from any and all liability arising out of or resulting from use or administration of the epi-pen. I hereby release and discharge the YMCA to its’ directors, officers, employees and volunteers from any and all claims for accidents, injuries, death, loss of damage which I or my minor child may suffer as a result of participating in these activities.

**Check the acknowledgment box.**

"I/We have read, understand and agree to comply with the Waiver of Liability outlined in the above section.

**Parent/Guardian Authorization**

1. In the event that my child needs immediate medical attention for injuries received while participating in a YMCA program, I authorize the Coaches / YMCA staff to give my child reasonable first aid, and to arrange transport of my child to a health care facility for emergency services as needed.

2. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. The YMCA receives medical information on campers/participants that may need to be shared with medical providers.

3. My child has my permission to walk or be transported by the YMCA to and from program areas.

4. I hereby acknowledge that the YMCA will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at the YMCA that indicates otherwise.

5. I hereby release all picture of my child taken by the YMCA for promotional purposes and programming materials including the YMCA website.

**Check the acknowledgment box.**

"I/We have read, understand and agree to comply with the Parent/Guardian Authorization outlined in the above section.