BY COMPLETING AND SIGNING THIS REGISTRATION FORM I ASSUME ALL RISKS OF ILLNESS AND INJURY, KNOWN AND UNKNOWN, INCLUDING THAT OF COMMUNICABLE DISEASE, TRAUMATIC INJURY, PARALYSIS, AND DEATH, FOR MYSELF AND FOR MY MINOR CHILD(REN), IF APPLICABLE, AND I RELEASE, INDEMNIFY, AND HOLD HARMLESS VERNON TOWNSHIP AND VERNON LITTLE LEAGUE OFFICIALS, SPONSORS, AND ADVERTISERS. I HAVE ANSWERED THE HEALTH SURVEY TRUTHFULLY AND I WILL COMPLY WITH VERNON LITTLE LEAGUE PREVENTION GUIDELINES INCLUDING DONNING A MASK AS INSTRUCTED. I UNDERSTAND THAT I CAN BE ASKED TO LEAVE AT ANY TIME FOR ANY REASON AND I WILL PROMPTLY COMPLY WITH ANY REASONABLE REQUEST BY A VERNON LITTLE LEAGUE OFFICIAL, MANAGER, OR COACH.

DATE	TEMP	PRINT NAME AND SIGN (GUARDIAN SIGN)	EMERGENCY TELEPHONE	DIAGNOSED COVID-19?	CONTACT W/ COVID-19?	COUGH/RESP ILLNESS?
		⌂		YES NO	YES NO	YES NO
		⌂		YES NO	YES NO	YES NO
		⌂		YES NO	YES NO	YES NO
		⌂		YES NO	YES NO	YES NO
		⌂		YES NO	YES NO	YES NO
		⌂		YES NO	YES NO	YES NO
		⌂		YES NO	YES NO	YES NO
		⌂		YES NO	YES NO	YES NO
		⌂		YES NO	YES NO	YES NO
		⌂		YES NO	YES NO	YES NO
		⌂		YES NO	YES NO	YES NO
		⌂		YES NO	YES NO	YES NO
		⌂		YES NO	YES NO	YES NO
		⌂		YES NO	YES NO	YES NO
		⌂		YES NO	YES NO	YES NO
		⌂		YES NO	YES NO	YES NO
		⌂		YES NO	YES NO	YES NO
		⌂		YES NO	YES NO	YES NO
		⌂		YES NO	YES NO	YES NO
		⌂		YES NO	YES NO	YES NO
		⌂		YES NO	YES NO	YES NO
		⌂		YES NO	YES NO	YES NO
		⌂		YES NO	YES NO	YES NO

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ISSUED 4/14/2021