



USFA Softball

2011 Registration Form



Name First: _____ M.I. _____ Last: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Age on Jan 1, 2011: _____ School: _____ Grade: _____

List best Contact Numbers Phone: 1. _____ 2. _____

Please list an E-mail addresses for team information to be sent to you throughout the year

E-Mail Addresses _____

(Optional)

List any mental or physical conditions that our coaches or instructors may need to ensure the safety of the participant:

Alternate Phone Numbers in Case of Emergency _____

Refund Policy

Upon completing this registration form, preparations will immediately begin for your child to participate in our youth football program. There is no refund policy on sign-up fee's nor deposits.

Media Release:

By completing and signing this form, I give Select Sports, or any appointed representative thereof, permission to use this participants name and/or photograph as part of any information released to and/or used in, but not limited to, newspapers, radio, television, flyers, and/or websites.

Parental or Legal Guardian Authorization

FULL AND COMPLETE RELEASE OF ALL LIABILITY COVENANT NOT TO SUE AND INDEMNIFICATION

By completing and signing this form, I/We, the parents/legal guardians of this child, do hereby give our authorization and consent to allow this child to participate in any and all league activities during the current and following seasons. We acknowledge that the activities that our child will be involved in may be dangerous in nature and we full well know and understand those dangers that our child will be exposed to. We further understand that he/she may receive severe or serious injuries as a result of his/her participating in said activities. I/We do hereby voluntarily assume each, every, and all risks and/or hazards for our child and ourselves and for all others on his or her and/or on our behalf for all of our child's and/or activities and participation in each and every activity associated therewith, including but not limited to playing said sport, cheerleading, and transportation to and from all activities, including furnishing said child or us medical attention of any nature, and convenient that we will not bring any actions at law, equity, or otherwise in this regard. I/We do hereby WAIVE, RELEASE, ABSOLVE, AND AGREE TO INDEMNIFY, PAY, AND HOLD SAFE AND HARMLESS, said football program, it's entire organization, Select Sports, Sumner County Government, Gallatin City Government, Shafer Middle School, Station Camp High School, Gallatin High School, the STATION CAMP BISON, the Green Wave Youth, their coaches, participants, Board of Directors, all officers, all assistants, persons, and/or organizations or persons that transport the participants for any propose for and from all claims, injuries, damages of both a compensatory and punitive nature and for any other claims and/or damages which might arise out of and/or due to our child's participation in said activities, of ANY NATURE WHATSOEVER. I also grant permission to managing personnel, coaches, assistants, and/or other league representatives to authorize and obtain medical care from any licensed physician, hospital, , and/or medical clinic should our child become ill or injured. I/We do hereby grant authorization for emergency treatment. I/We further assume any and all liability for said treatment and any damages that may come therefore, and agree to immediately pay for all medical treatment for our child. I/We acknowledge that we have fully read this release and completely understand the contents of the same.

Date _____

Signature of Parent or Legal Guardian _____