# Softball Player Registration Form

Amount Paid: _____ Age as of Dec 31 2009 Player # _____

**Jr. Ponytail**: (8-10 yrs) - ***55.00*** **Ponytail**: (11-13 yrs) - ***$55.00***

Check #: _____ Division _____

**Jr. Olympic**: (14-18 yrs) - ***$80.00*** **Sandlot Softball:** (entering 1-3 grade)- ***$30.00***

PLEASE FILL OUT THE INFORMATION BELOW, CLEARLY AND COMPLETELY:

PLAYERS NAME:_____ _____BIRTHDATE:_____/___/_____
(Last) (First) (M) (D) (Y)

MAILING ADDRESS:_____ _____ _____
(Street) (City) (Zip Code)

HOME PHOME:_____ ALTERNATE PHONE:_____

E-MAIL:_____ SCHOOL GRADE:_____

Shirt Size: (Circle One): Youth Medium Youth Large Adult Small

Adult Medium Adult Large Adult X – Large

I HERBY CERTIFY THAT: I am the parent or legal guardian of the above-named player who wishes to participate in organized baseball under the auspices of the Hazen Park Board and/or the City of Hazen. I understand that softball can be a hazardous activity, which may subject participants to serious injury. Nevertheless I, on behalf of my daughter or ward, myself and my spouse, herby agree to assume all risk to which my daughter may be exposed due to his activities and participation, directly or indirectly, in connection with the Hazen Softball Program. I specifically release, absolve, indemnify and hold harmless the Hazen Soft ball League, the Hazen Park Board, and all officers, directors, sponsors, organizers, managers, coaches, supervisors, employees and volunteers thereof from any liability resulting therefrom.

PARENT SIGNATURE:_____ DATE:_____