

IRISH FLATS FALL SOFTBALL LEAGUE

SCHUYLKILL HAVEN, PENNSYLVANIA

TEAM REGISTRATION FORM

Team Name: _____

Coach's Name: _____ Cell: _____ E-mail _____

2nd Contact Name: _____ Cell: _____ E-mail _____

AGREEMENT TO PARTICIPATE

I agree to participate in the Borough of Schuylkill Haven - Schuylkill Haven Recreation Department's Softball League. I am aware that participating in any physical activity can be dangerous involving MANY RISKS OF INJURY. Because of the dangers of participating in the above activity, I recognize the importance of following the instructors and coaches instructions regarding techniques, training and other rules, etc. and do agree to obey such instructions. I also acknowledge that I am aware that the Borough of Schuylkill Haven - Schuylkill Haven Recreation Department carries no medical insurance on participants and that any injury incurred must be covered by my personal medical insurance policy. I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in sporting activities, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

HOLD HARMLESS/RELEASE

In participating in any physical activity, I recognize that certain risks and dangers exist. These include loss or damage to personal property, injury or fatality due to accident, illness or collision with a vehicle while traveling to and from the activity site. I understand that the Borough of Schuylkill Haven - Schuylkill Haven Recreation Department shall assume no responsibility or liability for accidents, illness or loss or damage of personal property, and I acknowledge and do hereby assume all risks in connection with this activity, and I hereby hold the Borough of Schuylkill Haven - Schuylkill Haven Recreation Department or agents harmless from any and all liability, action, claims and damage of every kind and nature whatsoever even if arising from the negligence of the Borough's Manager, employees, agents and/or designees, other participants, or otherwise. My signature on this document indicates that I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and signed it freely and voluntarily without any inducement; acknowledges that I have legal responsibility for and authority to sign it on behalf of my child, and it is intended to bind my heirs, representatives, executors, administrators, successors, or assigns.

TEAM ROSTER

Team Roster with Parent/Guardian signatures due before 1st game!

	<i>Player Name</i>	<i>Number</i>	<i>Age</i>	<i>Parent/Guardian Signature</i>
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