

JERSEY SOFTBALL ASSOCIATION – PLAYER REGISTRATION FORM 2009

FULL NAME: GENDER: M / F

ADDRESS:

..... POSTCODE:

PHONE HOME: WORK: MOBILE:

EMAIL:

DATE OF BIRTH: / / SIGNATURE: DATE: / /

I WISH TO PLAY SOFTBALL FOR:-

TEAM NAME: DURING THE YEAR: 2009

PLEASE NOTE:-

IN COMPLETING AND SIGNING THIS FORM, I UNDERSTAND AND ACCEPT THAT I PARTICIPATE IN AND/OR SPECTATE AT ANY ACTIVITIES OR EVENTS ORGANISED BY THE JERSEY SOFTBALL ASSOCIATION FREELY AND ENTIRELY AT MY OWN RISK AND I HEREBY HOLD HARMLESS AND INDEMNIFY THE JERSEY SOFTBALL ASSOCIATION AND/OR ANY OF ITS OFFICERS, AGENTS, REPRESENTATIVES OR MEMBERS FROM TIME TO TIME AGAINST ANY LIABILITY TO ME FOR ANY LOSS, PERSONAL INJURY, DAMAGE, EXPENSE, DELAY OR DEATH SUFFERED OR INCURRED BY ME HOWSOEVER INCURRED OR CAUSED. FURTHERMORE I ALSO AGREE TO REPRESENT AND UPHOLD THE CONSTITUTION OF THE JERSEY SOFTBALL ASSOCIATION AND ALL OTHER STANDING ORDERS.

NOTE:- PERSONS UNDER THE AGE OF 18 YEARS AT THE TIME OF COMPLETING THIS FORM ARE REQUIRED TO OBTAIN THE SIGNATURE OF A PARENT OR LEGAL GUARDIAN IN THE SPACE PROVIDED BELOW:-

FULL NAME: SIGNATURE: DATE: / /

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