



JERSEY SOFTBALL ASSOCIATION

CONTACT

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YOUTH LIABILITY WAIVER FORM

Name of youth.....

D.O.B..... Age.....

Emergency Contact.....

Parent/Guardian name

Signature.....

Date.....

Contact details.....

I am the parent/guardian of the above child and at the time of signing this liability waiver, I am not aware of any current injury or health related issues that should restrict my child from being able to play softball.

I understand that injuries can happen while playing this sport and I assume all risks and expenses due to an injury that may occur as a result of my child's involvement during the games and/or practice sessions.

I agree that while my child is playing softball, they may be restricted to certain fielding positions and/or wearing safety equipment during games/practice. I am aware that this is to offer the best protection for my child but can't guarantee that injuries will still not occur.

Witnessed by (JSA representative)