# SCGS Team Registration/Roster Form Team Fee:$425 Late:$475

Team Name_____ League: 8U/10U/12U/14U

Coach_____Address_____City/Zip_____

Email Address_____Contact Phone #_____

Secondary Coach_____Contact Phone #_____

Address_____City/Zip_____

Email Address_____

## *Parents - Please Read Carefully Before Signing*

**I understand the dangers associated with participation in this program or any other physical fitness or recreation program. My child is in good physical health and we both will abide by the rules, regulations, guidelines, and instructions as determined by the Shelbyville Parks and Recreation Department board, directors, coaches, instructors and/or employees.**

**Hold Harmless Agreement: I, the undersigned, have carefully read and understand all of the statements above. Therefore, I do hereby release and hold harmless the City of Shelbyville, the Shelbyville Parks and Recreation Department and the Shelby County Girls Softball league, and any sponsors or associations related to any program or activity, and or employees liable or responsible for any injuries, claims, and/or damages occurring during my participation in any such sponsored events, programs, or activities. This agreement to release and hold harmless shall also be for my heirs, estate, executor, administrator, assignees, and for all members of the family.**

| Players Name | Address | Date of Birth | Phone# | Parent/Guardian Signature |
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