

Shelby County Girls Softball Team Registration/Roster



Team Name _____ League: 8U 10U 12/14U

Coach Name _____ Contact Phone # _____

Address _____ City _____ Zip _____

Email Address _____

Asst 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 my family.

Player Name	Address	Date of Birth	Phone #	Parent/Guardian Signature
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