

**Sussex-Wantage Girls Softball League K-12
2010 Mail Registration Form**

Grade _____ **Age** _____

Player's Name: _____

T-shirt size: Youth size: **M** **L** Adult size: **S** **M** **L** **XL**
(Circle one)

Address: _____

Phone # _____ **Cell #** _____

Parents' Names: _____

Address: _____
(If different than above)

EMERGENCY NAME & PHONE NUMBER

Contact Person # 1 _____ **Phone #** _____

Medical Ins. Co. _____

Doctor's Name _____ **Phone #** _____

Does your child have a medical condition that the coach should be aware of?

Registration Fee: \$65.00 First child **Additional \$45.00** for second child
A family of three or more **\$130.00**

Rookie player \$45.00 a child (kindergarten-2nd grade)

Checks should be made payable to SWGSL

All mail registration forms must be post marked before 2/21/10 and can be mailed to
SWGSL

C/O: Dave Smith
110 Armstrong Road
Sussex, NJ 07461

Volunteer (yes/no) to: Coach _____ Asst. Coach _____

Opening Day _____ Banquet _____ Fund Raiser _____

Recruit Sponsors _____ Uniforms _____

Amt. Paid \$ _____ Cash _____ Reg. Chk # _____ Pant Chk# _____
(\$25.00 fee for returned checks)

Registrant's E-mail address _____

RELEASE OF LIABILITY – READ BEFORE SIGNING



National Recreation and Park Association

TEAM SPORTS PROGRAM

In consideration of being allowed to participate in any way in the _____ (Name of Organization) program, it's related events and activities, I _____, the undersigned, (Name of Participant) acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES of others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participants. If, however, I observe any unusual significant hazard during my presence or participating, I will remove myself from participating and bring such to the attention of the team and league officials immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE _____ (Name of Organization)

their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the full extent permitted by law.

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 FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ / /
PARTICIPANT'S SIGNATURE AGE DATE SIGNED

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINOR AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____ () / /
PARENT/GUARDIAN'S SIGNATURE EMER. PHONE DATE SIGNED

THIS FORM SHOULD BE RETAINED BY ORGANIZATION NOTED ABOVE

nrpainsurance.com • 800-722-5676 • Fax: 877-752-4415 • Email: info@nrpainsurance.com