

# SOFTBALL PLAYER REGISTRATION FORM

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ ALTERNATIVE/CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SCHOOL: \_\_\_\_\_



EMERGENCY CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

*Waiver:*

*This is to certify that I, as parent/guardian with legal responsibility for my minor child or ward, acknowledge that my child or ward will be engaged in activities that involve risk of injury at Field Sport Inc. and/or SportsOhio, Inc., and I do recognize and assume that risk, whether foreseeable or unforeseeable, on behalf of my child or ward, and consent on behalf of my child or ward, in connection with participation in activities or recreation and instruction at Field Sports Inc.. On behalf of my child or ward and his/her legal representatives, I hereby release and agree to indemnify Field Sports Inc., their affiliates, administrators, directors, agents, coaches, and their employees, other participants, and sponsor agencies, from any and all claims and damages relating to or arising out of my minor child's or ward's involvement or participation in the programs at Field Sports Inc.*

PARENT'S NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CASH: \_\_\_\_\_  CHECK#: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

VISA/MASTERCARD  DISCOVER

CREDIT CARD #: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_ V-CODE: \_\_\_\_\_

*fax with credit card information to (614)791-3044 or send to:*

FIELD SPORTS INC.  
6400 DUBLIN PARK DRIVE  
DUBLIN, OHIO 43016  
614-791-7849  
DLEE@SPORTSOHIO.ORG  
WWW.FIELDSPORTS.ORG