

Girl Softball League 2019

Waverly Parks & Rec Department
P.O. Box 427
14130 Lancashire St.
Waverly, NE 68462

Total Enclosed \$ _____
Cash __ or Check # _____
Credit Card _____
Date Received _____

Participant Name _____
Birthday _____ Age _____ Current Grade _____
Address _____
City/State/Zip _____
Parents Name _____
Phone (H) _____ (W) _____
E-Mail Address _____

Player Jersey Size (circle one) YS YM YL AS AM AL

***Please verify if you are interested in being an assistant coach or head coach. (Coaches Needed)**

Head Coach _____ or Assistant Coach _____

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in participating you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this participation.

As a participant or parent/guardian of a participant, I recognize and acknowledge that there are certain risks of physical injury and agree to assume the full risk of any injuries, including death, damages or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with this program.

I agree to waive and relinquish all claims I or my minor child/ward may have against the City of Waverly and its officials, officers, agents, servants and employees arising out of participation in or mere presence at the activity. I do hereby fully release and discharge the City of Waverly and its officials, officers, agents, servants, employees and volunteers from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may incur or may accrue to me or my minor child/ward on account of my participation or presence.

I further agree to indemnify and hold harmless and defend the City of Waverly and its officials, officers, agents, servants, employees and volunteers from any and all claims resulting from injuries, including death, damages and losses sustained by me or my minor child/ward and or arising out of connected with, or in any way associated with the activities of my participation in or presence at the activity.

I have read and fully understand the above warning of Risk and Waiver and Release of All Claims and agree to it as a condition to participation.

Signature of
Parent/Guardian _____

Date _____

Check team registering for:

Girls Coach Pitch –Coach Pitch girls will play other area teams. Recommended age is 7-8 years old.

Registration includes t-shirt and hat.

_____ **Age: 7-8 Coach Pitch Girls** - Registration: \$65.00
(Cannot be 9 before January 1)

Girls Softball (Player Pitch)

Registration includes a uniform shirt and hat. Players provide their own pants & socks.

_____ **Age: 9-10** – Registration: \$75.00
(Cannot be 11 before January 1)

_____ **Age: 11-12** – Registration: \$75.00
(Cannot be 13 before January 1)

_____ **Age: 13-14** – Registration: \$75.00
(Cannot be 15 before January 1)

**\$ 5.00 discount for each additional sibling
\$ 10.00 late fee for registrations after Feb. 9**

REGISTRATION DEADLINE: FEBRUARY 8

NO REGISTRATIONS WILL BE ACCEPTED AFTER Feb. 15