

Naperville Diamonds Softball Association

Fall 2009 Registration Form

Player

Last Name	First Name	Date of Birth	Age on Jan 1, 2010
Street Address	City-Zip	Phone	

Circle desired level to play: U10 U12 U14 U16 U18 <small>(Minimum age to play is 9 yrs old as of January 1, 2010)</small>

Parent/Guardian

Last Name	First Name	Home Phone	Work Phone
Street Address	City-Zip	Email	

Current Team / Previous Experience

Organization/Team Name/Year	Positions Played and Number of Years at Each Position

Naperville Diamonds Softball Association Waiver and Release of all Claims

Please read this form carefully and be aware in registering your child/ward for participation in the softball program you will be waiving and releasing all claims for injuries your child/ward might sustain arising out of the program.

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

I agree to waive and relinquish all claims my child/ward may have against the Naperville Diamonds Softball Association and its officers, directors, coaches, officials, and/or representatives as a result of participating in the program.

I do hereby fully release and discharge the Naperville Diamonds Softball Association and its officers, directors, coaches, officials, and/or representatives from any claims from injuries, including death, damage or loss, which I or my child/ward may have or which may accrue to me or my child/ward and arising out of, connected with, or in any way associated with the activities of the program.

I further agree to indemnify and hold harmless and defend the Naperville Diamonds Softball Association and its officers, directors, coaches, officials, and/or representatives from any claims from injuries, including death, damage or losses sustained by my child/ward, arising out of, connected with, or in any way associated with the activities of the program.

I have read and fully understand the Waiver and Release of All Claims.

Signature of parent/guardian _____ **Date:** _____