

JO Softball Registration

THIS IS A RELEASE...PLEASE READ CAREFULLY

\$45.00 Paid By: Cash _____ Check _____

Team Name: _____

____ Boys ____ Girls Division: u10 u12 u14 u16 u18

Player's Name: _____

Player's Address: _____

Player's Phone: _____

Date Of Birth: _____ Age As Of 12/31/19: _____

Parent(s) Name: _____

Parent's Phone: _____

Email Address: _____

School Attending: _____

I verify that I am the parent/guardian of this registrant, a minor. I acknowledge that the Watertown Junior Olympic slow pitch association does not carry medical or liability insurance for participants. I do hereby agree to indemnify and hold harmless the Watertown Junior Olympic slow pitch association, it's agents, officers, volunteers, coaches, and umpires from any and all liability for damages resulting from incidents or accidents occurring during our child's participation in the Junior Olympic program and/or being transported to or from the same, which transportation I hereby authorize. The Amateur Softball Association rules do not allow the participation of a player in more than one Junior Olympic slow pitch softball team or league. All parents must sign this form and by doing so, you acknowledge that your child is not in violation of this rule. Violators are subject to penalties handed down by the South Dakota Amateur Softball association and the Watertown Junior Olympic Softball Association Board of Directors. Thank you for your cooperation.

Parent/Guardian: _____ **Date:** _____