

SAUGEEN ANGELS MINOR SOFTBALL REGISTRATION FORM

NAME OF PARTICIPANT: _____

DIVISION: _____ DATE OF BIRTH: _____

PHONE #: _____ HEALTH CARD #: _____

ALLERGIES: _____

MEDICAL CONDITIONS: _____

EMERGENCY CONTACT: _____ PHONE # _____

I understand that Saugeen Recreation/coach/volunteer will be using a staff vehicle or own vehicle to transport my child(ren) to and from their destination.

Should the need arise I give permission for a member of Saugeen Recreation/Coach/Volunteer to see and/or administer necessary medical attention.

Disclaimer Clause

Saugeen Recreation and its employees, partners, volunteers, and representatives (hereafter are referred to as "the organizers") are not responsible for any injury, loss or damage of any kind sustained by any person while participating in any activities held in relationship to this department or any loss or damage which might be caused by the negligence of the organizers.

Photo Waiver

Saugeen Recreation has my permission to use my and/or my child(ren)'s photograph, video, or story in future publications, web pages and other materials produced, used by, and representing Saugeen Recreation. I understand the circulation of the materials could be worldwide and there will be no compensation to me for this use.

I HEREBY CERTIFY THAT: I am the parent or legal guardian of the above-named player who wishes to participate in organized softball at the James Mason Memorial Cultural and Recreation Centre.

I understand that softball can be a hazardous activity, which may subject participants to serious injury. Nevertheless I, hereby agree to assume all risk to which my child may be exposed to his/her activities and participation, directly or indirectly, in connection with playing softball. I specifically release, absolve, indemnify, and hold harmless the James Mason Memorial Cultural and Recreation Centre, managers, sponsors, employees, coaches, and volunteers thereof from any liability resulting therefrom.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____