

PARKLAND FUN BALL & SOCCER LEAGUE

UNDER AGE WAIVER/LETTER OF UNDERSTANDING Adult Ball

Current Date (mm/dd/yyyy) _____

Registrants Name _____

Address _____

Telephone _____

Birthdate (mm/dd/yyyy) _____ Male _____ Female _____

Team Registering With _____

I/we understand that I will be playing with players and teams who are 18 years and over.
I/we must wear a batting helmet while batting, base running and base coaching.
If I am back catching, I must wear all equipment including helmet, face mask with throat protector, chest protector, shin pads and athletic supporter.
If I am pitching, I must wear a pitchers mask.

I/we hereby remise, release and forever discharge the sponsoring community association, other participants, the ball league, its successors or assigns, its employees, agents or contractors, of and from all manner of action, cause of actions, claims or demands which may arise against the sponsoring community association, ball league, its successors or assigns, its employees, agents or contractors, as a result of the participation of (*players name*) _____ in programs sponsored by the Parkland Fun Ball and Soccer League or in any way arising out of an accident occurring in the course of a program or in any other manner whatsoever.

Signature of Registrant _____

Signature of Parent _____ or Guardian _____ (check one)

Print Full Name (Parent or Guardian) _____

Note: Failure to comply with the above, will cause disqualification of player and/or team

One copy must be sent to the league and one copy must be kept by the community/team