

Registration with payment due Sunday, February 28!

Name: _____

Address: _____

Home #: _____

Cell #: _____

E-mail: _____

Age: _____



**2010 Men's Slowpitch
Spring Softball**

Ages 16 & Up

March 2010 - June 2010

**Games on Monday and
Thursday nights at the
MBC Park**

Cost: \$50



Please Select One of the Following Experience Levels:

- Beginner (no experience)
 Average (2 or more years of experience)
 Advanced (5 or more years of experience)

Preferred Position: _____

Skill Level: 1 2 3 4 5

(Please Circle - 1 is the lowest; 5 is the highest)

Pitcher (Please check here if you are a pitcher.)

Please Note:

The MBC Liability Waiver (on the back of this form, MUST be completed. Practices begin in March, with games beginning soon after. The \$50 enrollment cost includes the price of your team jersey. The MBC Softball League follows standard USSSA rules. For more information, please contact Grant Staubs at 772-5864.

MBC Men's Softball League Liability Waiver

The undersigned hereby agrees that he (or my child) will be taking part in the MBC Men's Slowpitch Softball League on Mid-Way Baptist Church property March 2010 through June 2010 on Monday and Thursday evenings. I (or my child) am over the age of sixteen and understand and agree that neither the Church nor any of its officers may be held liable in any way for any occurrence in connection with the MBC Men's Softball League that may result in injury, death, or other damages to me or my family, heirs, or assigns. I agree further to save and hold harmless the church and its officers from any claim by me, my family, estate, heirs, or assigns, arising out of my participation in this event.

I, _____, intend to exempt and release the church and its officers from all liability whatsoever for personal injury, property damage, or wrongful death caused by negligence.

Signature of Adult Participant

Date

Signature of Parent or Legal Guardian
(if participant is under the age of eighteen)

Date

Medical Information (for use in event of emergency only):

Insurance Company _____ Policy Number/ID Number _____

Emergency Contact Person & Phone #: _____