

EAST COUNTY ASA REGISTRATION FORM, AGREEMENT, WAIVER, AND RELEASE



CIRCLE ONE: SPRING OR WINTERBALL YEAR

PLAYER INFO

LAST NAME _____ FIRST NAME _____

DOB _____ / _____ / _____ HOME PHONE # (____) _____ - _____

ADDRESS _____ APT# _____ CITY _____ ZIP _____

JERSEY SIZE (circle one) **YOUTH:** S M L **ADULT:** S M L XL **SOCKS** (circle one) Y I A

PARENT OR LEGAL GUARDIAN INFO

FATHER'S INFO

MOTHER'S INFO

NAME _____	_____
ADDRESS _____	_____
CELL PHONE _____	_____
OCCUPATION _____	_____
EMAIL ADDRESS _____	_____

ACTIVITY: Youth Fast-Pitch Softball

ACTIVITY DESCRIPTION: Softball Games and Practices
Similar to Baseball (Running, Throwing, Catching, Batting, Sliding)

AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by East County ASA to participate in the above activity, I hereby waive, release, and discharge any and all claims for personal injury, death, or property damage which I, my child, or any family member has, have, or which may hereafter accrue, as a result, whether direct or indirect, of participation in and/or viewing of said activity. This release is intended to discharge in advance the City of El Cajon, Cajon Valley Union School District, Montgomery Middle School, East County ASA and any of their respective officers, directors, employees, agents, coaches, and staff, from any and all liability arising out of any and all activity connected in any manner, directly or indirectly, with the above activity. I understand this activity involves an element of risk and danger of accidents, injury, death, or property damage, and knowing these risks I do hereby expressly assume these risks on my behalf, and on behalf of my child and any other family member. I agree to indemnify and to hold the above persons and/or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of an injury, death, or property damage which may be sustained by me, my child or any family member arising out of, either directly or indirectly, of the above activity. I also agree that this express voluntary assumption of the risk, waiver, release, discharge and indemnity agreement is binding upon my heirs and assigns. East County ASA operates a website <http://eastcountyasa.org>. I hereby release the league and allow them to post pictures of games or league related activities on its site.

I hereby consent that my child, _____, participate in the above activity and hereby execute this Agreement, Waiver, and Release on my child's and family members' behalf.

I agree that if I, my child, or any member of my family assists in the collection of money for the behalf of East County ASA (whether pursuant to various funds raising events, including but not limited to candy sales, raffle ticket sales, snack bar sales), I am responsible for the payment of those funds to East County ASA, that the funds are the property of East County ASA, and that I hold those funds in trust for the benefit of East County ASA. I acknowledge it is my responsibility to obtain a receipt from an authorized representative of East County ASA when I transfer possession of funds or other personal property belonging to East County ASA to said authorized league representative.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE EAST COUNTY ASA AND I SIGN OF MY OWN FREE WILL.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____

PRINT NAME _____ DATE _____

RELATIONSHIP _____ PLAYER'S SCHOOL _____

HOW DID YOU HEAR ABOUT EAST COUNTY ASA? (Please Circle):

Returning Player / School Flyer / Social Media / Store Posting / Referral / Other _____

I'm aware I must work 2-3 hours in the snack bar during the season or have the option to buy-out. Initial _____

I'm aware I must participate in mandatory fundraising events during the season or have the option to buy-out. Initial _____

I'm aware Field Day (generally 1 week before Opening Day) is mandatory and 1 parent per child must be present Initial _____

I'm aware that once my child is place on a team that no refunds will be given. Initial _____

LEAGUE USE ONLY:

This Year Division Proposed Division **6u** **8u** **10u** **12u** **16u**

REGISTRATION _____ TOTAL \$ _____ DATE _____ / _____ / _____

DISCOUNT(S) _____ AMOUNT PAID \$ _____

SNACK BAR B/O _____ \$ _____ Birth Certificate on File Yes / No

FUNDRAISE B/O _____ CASH / CHECK # _____ Received New Certificate Yes / No