

Contact Information

Print Date _____

Name _____

Street _____

City, State Zip _____

Birth Date _____

Cell Number _____

Email Address _____

Emerg Contact _____

Emerg Phone _____

Anderson Snow Senior Softball League



Anderson Snow Park

Spring Hill, FL

Mail: P O Box 15086

Brooksville, FL 34604

Phone: Craig 904-655-2404

Phone: John "Doc" 352-238-9841

Notes / Comments;

Player Liability Release

I voluntarily, and of my own free will, elect to participate as a member of the Anderson Snow Senior Softball League (ASSSL). I understand that there are certain risks and hazards involved in participating in a physically challenging and competitive sport. These risks may result in injury to me and possibly even death. Risks may include (but are not limited to) weather, playing conditions, equipment, and other participants. I hereby accept and assume all risks of injury which may be incurred or suffered by me while practicing or playing as a member of the ASSSL. I further understand that if I am in need of medical attention, I will not hold any player or the league responsible for any attempt to render assistance which may include the use of an AED (Automated External Defibrillator).

I affirm that I will conduct myself both on and off the field in a positive manner by; (1) abiding by the policies, guidelines, and rules of the league, (2) being willing to assist in performing varied duties assigned in connection with the operation of the league, (3) avoiding bodily contact that may cause injury to myself or others, (4) neither taunting, abusive, and/or profane language towards game participants, spectators, parks personnel or persons using the parks facilities with respect to this clause and (5) not committing any act that could be considered unsportsmanlike conduct.

I have read and fully understand this document, its contents, and all information contained herein. I further attest that all information given by me is true.

Signature

Date