

NORTH DES MOINES GIRLS SOFTBALL LEAGUE
REGISTRATION FORM

www.ndmgs.org

Player Information

First and Last Name _____ Birth Date _____ Age _____

Primary Address _____ City _____ Zip _____

Phone _____ School Attending _____ Grade _____

Division Last Year: BamBam PeeWee Pixie Petite Junior/Int

Team Name: _____ Re-enter Draft? Yes No

Shirt Size: Youth: S M L XL Adult: S M L XL Socks: S L

Sibling in league? Name: _____ Age: _____

Family Information

Father/Guardian: _____ Mother/Guardian: _____

Address: _____ Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

Phone: _____ Email: _____ Phone: _____ Email: _____

Interested in becoming a board member? Yes No

Interested in coaching? Yes No

Publicity Waiver

I authorize NDMGS to video or photograph my child/family for publicity purposes as deemed necessary including use of social media sites.

Date: _____ Parent/Guardian: _____

General Waiver

Player: _____

I, the undersigned, as the parent or legal guardian of the above child, do hereby give my full consent and approval for my child to participate as a member of the softball league. I understand that there are certain risks of damages and injuries, including death, inherent in the practice and play of softball, as well as in traveling in other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. These risks include, but are not limited to, those hazards associated with weather conditions, travel, playing conditions, equipment and other participants. I understand that the very nature of the game of softball is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding and catching of the ball, the swinging of the bat, running, jumping, stretching, sliding, diving and collisions with other players and with stationary objects, all of which can cause serious injury or death to my child and to other players. On behalf of my child and myself, I do voluntarily elect to accept and solely assume all risks of injury incurred or suffered by my child (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as team member or observer during practice or play by other teams or by other players on my child's team and (c) while on or upon the premises of any and all of the fields arranged for by my team or league for practice or play. In addition to giving my full consent for my child's participation, I do hereby waive, release, discharge and agree not to sue the team and North Des Moines Girls Softball (NDMGS), the owner or operator of any fields, the Amateur Softball Association of America (ASA)/United States Specialty Sports Association (USSSA), or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, field or ASA/USSSA for any claim, damages, cost including attorney fees, or cause of action which my child or I have or may have in the future as a result of damages, injuries, including death, sustained or incurred by my child from whatever cause including, but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released. I further agree on behalf of myself and my child, that I shall hold harmless and fully indemnify the parties and hereby release from any and all claims, damages, cost including attorney fees, and causes of action which may arise from any cause of action made by me or by, through or on behalf of my child, even if the damages injuries or death are caused in whole or in part by any of the persons or entities hereby released. I understand that this release is intended to be as broad and inclusive as permitted by the laws of the state of Iowa and that if any portion is held invalid it is agreed, that the balance shall, notwithstanding, continue in full legal force and effect.

I have read and understand the above waiver. Date: _____ Parent/Guardian: _____

NORTH DES MOINES GIRLS SOFTBALL LEAGUE
EMERGENCY INFORMATION AND CONSENT FORM

www.ndmgs.org

Emergency Information

First and Last Name _____ Age _____

Father/Guardian: _____ Mother/Guardian: _____

Phone: _____ Phone: _____

Medical /Allergy problems? Yes No

Please specify: _____

Doctor's name: _____

Hospital preference: _____

Medications: _____

Sibling in league? _____

Contact lenses worn? Yes No

Consent

If injury or accident involving your child occurs and we are unable to locate you through the above information, you authorize EMERGENCY TREATMENT for your child at the above named hospital by the named physician, or dentist, or by the staff EMERGENCY PHYSICIAN on duty at the time.

Signature of Parent/Guardian: _____ Date: _____

Additional Information