

**City League Softball — Player Registration Form**

**Name** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Phone #:** **Home** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Team** \_\_\_\_\_

Check Amount Paid: \_\_\_\_\_ Player Fee - \$25 \_\_\_\_\_

**Waiver of Responsibility:** I, \_\_\_\_\_ (or for participants less than 18 years as a parent on behalf of) as a participant, understand and accept that there are risks of physical injury as a participant in this program and I assume all risks and hazards incidental to such participation and I do hereby waive, release, absolve, and agree to hold harmless the City of Kodiak, the Kodiak Island Borough School District, the Kodiak Island Recreational Referee Association, and any other sponsoring/coordinating organization; their agents or representatives for any and all injuries sustained by me as a participant in this program. I also understand and accept that the program does not provide any insurance coverage and no benefit will be provided for medical costs associated with player injuries.

**Responsibility for Sportsmanship:**

- 1.) I accept responsibility to play within the rules, as much as I'm able, no matter how loose the officials may be calling the game.
- 2.) I understand that intimidating and abusive behaviors such as fighting, flagrant swearing and personal insults are violations of league rules and subject to penalty or suspension regardless of action taken by umpire during the game.
- 3.) I realize that "working" or complaining to the officials is often viewed by the opposing team as an attempt to gain an unfair advantage and often results in both teams "working" the officials in order to keep things even. This is a distraction for both the officials and the players and detracts from everyone's enjoyment of the game.

|                       |
|-----------------------|
| Office use only:      |
| Amount Paid:          |
| _____ Cash            |
| _____ Check           |
| Check No.: _____      |
| Date Paid: _____      |
| Staff Initials: _____ |

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(Parent or guardian for participants under 18)

Return to: Parks and Recreation, 410 Cedar Street (Teen Center)

**City League Softball — Player Registration Form**

**Name** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Phone #:** **Home** \_\_\_\_\_ **Work** \_\_\_\_\_

**Team** \_\_\_\_\_

Check Amount Paid: \_\_\_\_\_ Player Fee - \$25 \_\_\_\_\_

**Waiver of Responsibility:** I, \_\_\_\_\_ (or for participants less than 18 years as a parent on behalf of) as a participant, understand and accept that there are risks of physical injury as a participant in this program and I assume all risks and hazards incidental to such participation and I do hereby waive, release, absolve, and agree to hold harmless the City of Kodiak, the Kodiak Island Borough School District, the Kodiak Island Recreational Referee Association, and any other sponsoring/coordinating organization; their agents or representatives for any and all injuries sustained by me as a participant in this program. I also understand and accept that the program does not provide any insurance coverage and no benefit will be provided for medical costs associated with player injuries.

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