

Matanuska-Susitna Softball Association, Inc.

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Amt:	Date:
Ch#:	Initial:

Player Registration Form

Name: _____

Mailing address, city, zip: _____

Phone: Hm# _____ Wk# _____ Date of birth: _____

Email: _____

Team: _____

Coach's signature: _____

I, hereby agree to play softball with the above named team during the current season. I understand that I may transfer to another team within the Association only once during a season and that I must have a release form signed by the above named coach. I also understand that I will be participating in the Mat-Su Softball Association as a player at my own risk. I release, waive, hold harmless the Mat-Su Softball Association, all team players and fellow players from any claims, causes of action, losses or other liabilities resulting from or arising of my participation, due to negligence or other cause, due to my participation in softball.

Player's signature: _____

Date: _____ Previous year's team name and league: _____