



DTGS Player Registration Form

Website: www.dtgs.org
Office Phone: 856-7107

Player's Last Name		Player's First Name			Date of Birth		
Street Address		City	ST	Zip Code			
Primary Phone	Health Concerns? N Y (please explain)						
Shorts Sizes available: (circle one)				Shirt Sizes available: (circle one)			
YS	YM	YL	AS	AM	AL	AXL	AXXL
Mother's Full Name and alternate phone number				Father's Full Name and alternate phone number			
Please note here any special requests and reasons regarding your child's placement on a team. Only requests made in writing will be considered. Keep in mind, however, that we CANNOT guarantee that any/or all requests will be met due to our continuing efforts to keep teams even and fair. Special requests may not be granted if your child does not attend evaluations.....Thank you!							
1 st year: Y N, If no, how many years played?				Please note positions played. (For team placement only)			

DECATUR TOWNSHIP GIRLS SOFTBALL

Parental Waiver, Release of Liability, Indemnification and Consent Form

I, the undersigned, as the parent or legal guardian of the child named above, do hereby give my full consent and approval for my child to participate as a member of the Decatur Township Girls Softball program. 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. I understand that sliding into base is dangerous to my child and other players and may result in serious injury or death. Further, I agree that in consideration for the right to allow my child to participate as a member of a team and in consideration for permission to play on the fields arranged for and or by the team or league, I, on behalf of my child and myself, 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 a team within Decatur Township Girls Softball, (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 Decatur Township Girls Softball 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 Decatur Township Girls Softball, the City of Indianapolis, Indianapolis Parks and Recreation, the Amateur Softball Association of America, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, field or Amateur Softball Association of America for any claim, damages, costs including attorney fees, or cause of action which I or my child 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 hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as made known to coaches and officials of the team and league. I further agree on behalf of myself and my child listed above, that I shall hold harmless and fully indemnify all parties (DTGS and its directors, officers, employees, agents, volunteers, successors) and hereby release from any and all claims, damages, costs 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 any insurance policy carried on behalf of my child by DTGS has limited responsibility and is secondary to any other insurance policies that may be carried on behalf of my child. I agree to pay for any deductibles, co-payments, and uncovered fees required by aforementioned policies. I further agree to return, upon request or demand, any equipment issued to my child in connection with my child's participation in the Program. If said equipment is not returned when requested or is not returned in good condition, I agree to reimburse DTGS for the replacement cost of said equipment. I further agree to be responsible for the actual cash value of any and all fundraising items for which I accept. I understand and agree that any uncollected balance may be pursued by DTGS through any and all legal means necessary, including, but not limited to, submission to collection agencies and/or criminal or civil proceedings. I understand that DTGS reserves the right to take pictures and post them on the website for publicity purposes. I agree that by participating in the program, I agree to abide by the DTGS Code of Conduct that is available for my inspection on the website (www.dtgs.org). I understand that my child's family will be responsible for working in the concession stand or find a replacement as we support the league in its fundraising efforts. I further agree that if the aforementioned child is unable to play for any reason, no refund will be issued.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Signature of parent/guardian

Printed name

Date

***** FOR OFFICE USE ONLY ***** FOR OFFICE USE ONLY ***** FOR OFFICE USE ONLY ***** FOR OFFICE USE ONLY *****

Fee Amount: _____ Amount paid: _____ Owed: _____

(Circle payment option)

Cash Sponsorship Check #: _____ (\$15.00 returned check fee) CC#: _____ exp: _____

CC Confirmation#: _____

Received by: _____ Notes: _____ Age Level: CL JP SP JL SL

**** Keep for your records. This form is your proof of payment. ****