

Athens Sandlot

Registration Form

SOFTBALL

Division* (Check One): 8U 10U 12U 14U

Team Name: _____

City: _____ State: _____

Coach to Contact with Game Information: _____

Phone (Cell preferred): _____

E-mail: _____

MAIL THIS FORM AND CHECK MADE PAYABLE TO "ATHENS SANDLOT"

Athens Sandlot
C/O Todd Zorn
74 West Union Street
Athens, OH 45701

*Teams must register to play in the division based upon their oldest player's age as of January 1st of this year. So a team with nine 10 year old and one 11 year old must register to play in the 12U division (not the 10U division).

Athens Sandlot

ROSTER & WAIVER

Emergency Medical Treatment & Liability Release Form
(Must Be Turned in at Concession Stand before First Game)

Circle Age Group: 8U 10U 12U 13U 14U
(Eligibility of January 1st for Softball & April 30th for Baseball)

Team Name: _____ City: _____ State: _____

Manager/Head Coach: _____

Phone: _____ E-mail: _____

1. Players play at their own risk. This is to certify that each parent or guardian of each player hereby waives, releases, absolves, and agrees to hold harmless Athens Sandlot, City of Athens, sponsors, organizers, supervisors, and participants for any claim arising out of injury to the players named herein.
2. This is to certify that each parent or guardian of each player hereby grants permission to the manager, coaches, or business manager of the team to obtain medical care from any licensed physician, hospital, or medical clinic for the player named herein at such time as either parent or legal guardian cannot be contacted in person or by telephone.

Player's Name

DATE OF BIRTH

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____

USE BACK OF SHEET FOR ADDITIONAL PLAYERS