



Tryout Registration Form 2019

Please fill out the form below and email to p3softball17@gmail.com

Player's Name (First Name Last Name)	
Date of Birth (month/day/year) Birth Certificate Will Be Required at Signing	
Age on January 1 st , 2019	
Address City, State and Zip	
Age division	12U – 14U – 16U- 18U (please circle one)
Primary Position	
Secondary Position	
Bats	Bats (Right, Left ,Slap) – Throws(Right, Left) – please circle
Parent/Guardian Name	
Email	
Phone	
School Player Attends	
Coach for 2017-2018 season	

Disclaimer

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 softball team indicated above.

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 weather conditions, travel, playing conditions, equipment and other participants.

I understand that sliding into base is dangerous to my child and to other players and may result in serious injury or death.

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.

Further, I agree that in consideration for the right to allow my child to participate as a member of team designated below and in consideration for permission to play on the fields arranged for by the team:

1. 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 team member 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 child's team for practice or play and (d) while participating in any team organized event.

2. In addition to giving my full consent for my child's participation, I do hereby release, discharge and agree not to sue the team designated above, the owner or operator of any field or other entity designated above, p3Softball, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, field or p3 Softball for any claim, damages, costs including attorney fees, or cause of action which I have or may in the future have as a result of injuries or damages 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 give p3 Softball permission to use my child's picture for the tryout process and if selected on a team I understand her pictures can be used on all social media platforms include the p3 website.

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 the parties hereby released 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 hereby give permission to the team manager to obtain medical treatment for daughter, in the event I am not available, and medical treatment is required. My signature below confirms I have read this disclaimer and agree to its provisions:

Parent or Guardian Signature: _____ **Date:** _____