CHERNSEY SOFTRALL ASSOCIATION - DLAYER REGISTRATION FORM (V3)

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FULL NAME:										
ADDRESS:										
							POS	ST CODE:		
TELEPHONES:	HOME:		MOBILE:				WO	RK:		
E-MAIL:										
DATE OF BIRTH:				MALE:	FEI	MALE:				
I WISH TO PLAY S	OFTBALL FOR:-									
CLUB NAME:					DURING 7	THE SE	ASO	N/YEAR OF:		
SIGNATURE:					DATE:					
FOR STATISTICAL	/COACHING PURPOS	SES, PLE	ASE TICK THE F	OLLOWI	NG AS APP	PLICAB	LE:-			
I THROW:	RIGHT-HANDED:	ı	LEFT-HANDED:							
I BAT:	RIGHT-HANDED: (facing 1 st base)		LEFT-HANDED: (facing 3 rd base))	SWITCH (facing ei					
indemnify The GSA any loss, personal in by completing and si	ssociation (hereto referi and/or any of it's office jury, damage, expense, gning this form, I agree ER THE AGE OF 18 A GUARDIAN IN THE	ers, agent , delay or e to repre T THE T	s, representatives death suffered o sent and uphold t IME OF COMPLI	or memler incurred the Consti	bers from till by me how tution of the	me to ti soever e GSA ai	me a incurr nd all	gainst any liab ed or caused. other GSA sta	oility to m Furthern nding ord	e for nore, ers.
NAME:					PAREN	T:		LEGAL GUAF	RDIAN:	
SIGNATURE:					<u> </u>	DAT	E:			
	RNSEY SOFTBAL	L ASSO	CIATION – F	PLAYER	REGIST	RATIO	 ON F	ORM (V3)		
FULL NAME:										
ADDRESS:							I			
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I WISH TO PLAY S	OFTBALL FOR:-									
CLUB NAME:					DURING ⁻	THE SE	ASO	N/YEAR OF:		
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FOR STATISTICAL	/COACHING PURPOS	SES, PLE	ASE TICK THE F	OLLOWI	NG AS APF	PLICAB	LE:-			
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I BAT:	RIGHT-HANDED: (facing 1 st base)		LEFT-HANDED: (facing 3 rd base))	SWITCH (facing ei					
Guernsey Softball As indemnify The GSA	signing this form, I und sociation (hereto referi and/or any of it's office jury, damage, expense	red to as ers, agent	"The GSA") freels, representatives	y and ent s or meml	irely at my obers from ti	own risł me to ti	and me a	I hereby hold gainst any liab	harmless oility to m	and e foi

any loss, personal injury, damage, expense, delay or death suffered or incurred by me howsoever incurred or caused. Furthermore, by completing and signing this form, I agree to represent and uphold the Constitution of the GSA and all other GSA standing orders.

ANY PERSON UNDER THE AGE OF 18 AT THE TIME OF COMPLETING THIS FORM MUST OBTAIN THE SIGNATURE OF A PARENT OR LEGAL GUARDIAN IN THE SPACE PROVIDED BELOW:

NAME:		PARENT:		LEGAL GUARDIAN:	
SIGNATURE:	DATE:				