

GUERNSEY SOFTBALL ASSOCIATION – PLAYER REGISTRATION FORM (V3)

FULL NAME:						
ADDRESS:						
					POST CODE:	
TELEPHONES:	HOME:	MOBILE:			WORK:	
E-MAIL:						
DATE OF BIRTH:		MALE:		FEMALE:		

I WISH TO PLAY SOFTBALL FOR:-

CLUB NAME:		DURING THE SEASON/YEAR OF:	
SIGNATURE:		DATE:	

FOR STATISTICAL/COACHING PURPOSES, PLEASE TICK THE FOLLOWING AS APPLICABLE:-

I THROW:	RIGHT-HANDED:	<input type="checkbox"/>	LEFT-HANDED:	<input type="checkbox"/>		
I BAT:	RIGHT-HANDED: (facing 1 st base)	<input type="checkbox"/>	LEFT-HANDED: (facing 3 rd base)	<input type="checkbox"/>	SWITCH HIT: (facing either)	<input type="checkbox"/>

In completing and signing this form, I understand and accept that I participate in and/or attend any activities organised by the Guernsey Softball Association (hereto referred to as "The GSA") freely and entirely at my own risk and I hereby hold harmless and indemnify The GSA and/or any of its officers, agents, representatives or members from time to time against any liability to me for 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:			

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