

Please Print

Falsification of any information on this card may disqualify player, manager and/or team.

McFARLAND SOFTBALL ASSOCIATION, INC.

Softball Recreation League. Contract 20__ Season.

Date Received

Last Name	First Name	MI	Birth Date	Age	I am a <input type="checkbox"/> Resident <input type="checkbox"/> Non-resident of McFarland School District
Home Address	City	State	Zip	Home Phone	
Employed at				Business Phone	

I hereby agree to play for the listed team during this season. I further agree to abide by the regulation, Constitution and By-Laws of the McFarland Softball Association, and I agree to be bound by the dispute resolution procedures in the By-Laws. Should there be questions as to my eligibility or information given on this card, I agree to allow the Commission to investigate. I am aware that the Softball Association and Officers DO NOT carry insurance for injury on program participants and that individual Board Members (or as a whole) cannot and will not be held responsible in any legal action taken by a program participant regarding rule interpretation, eligibility, injury, and use of illegal bats and other equipment, etc. If any player uses illegal / modified equipment or bats that results in injury to any participating player, he or she can and will be held accountable. All equipment will be inspected in case of injury because we have implemented many attempts to control and regulate the use of illegal /modified equipment and players continue to disregard our efforts to eliminate this from our leagues. I also agree to abide by the decisions and rulings of the Board. I hereby waive the Softball Association and Board Members of any liability.

Team Name	League Night
<i>I agree to be responsible for eligibility, signature and accuracy of information on this Player.</i>	
Manager's Signature	Date

Player's Signature

Date

Mon, Wed, Fri Night Leagues 3/13