

OCWBC HerSports Program Application

Where Women Connect Through Play, Power & Purpose

Participant Information

Full Name: _____

Email Address: _____

Phone Number: _____

OCWBC Membership Status:

Current Member Applying for Membership Not Yet a Member

Sport Selection (Select all that apply)

- HerSports Softball League
- HerSports Tennis Club
- HerSports Golf Collective
- HerSports Bowling League

Experience Level

- Beginner
- Intermediate
- Advanced
- Just here for fun & connection

Participation Preference

Competitive League Play Casual / Social Play Both

Availability

Days Available: _____ Preferred Times: _____

Emergency Contact Information

Name: _____ Relationship: _____ Phone Number: _____

Medical & Health Acknowledgment

Do you have any medical conditions or physical limitations we should be aware of? yes/no: _____

Photo & Media Release

I grant OCWBC permission to use photos/videos taken during HerSports activities for marketing and promotional purposes. Sign & Date: _____

Liability Waiver & Release of Claims

I understand that participation in OCWBC HerSports activities involves risks, including physical injury or accidents. I voluntarily assume all risks and confirm I am physically capable of participating. I have been advised to consult my physician prior to participating. I agree that OCWBC and its affiliates are not liable for any injuries, damages, or losses. I release OCWBC from all claims arising from participation.

Acknowledgment & Agreement

Participant Signature: _____

Date: _____

Print Name: _____

SIGN AND RETURN TO: admin@ocwbchamber.org