**1st Annual Guns and Hoses Battle of the Badges Charity Softball Tournament**

**Free Agent Player Form**

Please complete this form if you are interested in participating in the tournament but are not currently affiliated with a team. This information will help us connect you with a team in need of additional players.

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position (Police/Fire/EMS/Military): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Badge/ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Skill Level (Beginner / Intermediate / Advanced): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Position(s) Played: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Availability (Circle all that apply): Tournament Day / Playoffs / Both

Shirt Size (for uniform, if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Medical Conditions or Restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Comments or Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disclaimer & Waiver of Liability:**

By submitting this form, I acknowledge that participation in the 1st Annual Guns and Hoses Battle of the Badges Charity Softball Tournament involves inherent risks, including but not limited to, the risk of personal injury, illness, or property damage. I voluntarily assume all such risks and agree to hold harmless and release the event organizers, sponsors, venue staff, affiliates, and associated personnel from any and all claims, liabilities, or causes of action that may arise from my participation in this event, including those resulting from weather-related delays or cancellations. I further certify that I am physically fit to participate and assume full responsibility for my conduct and safety throughout the duration of the event.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date