

LINDEN SOFTBALL LEAGUE (LSL)

2023 Registration Form

Player Information (Please Print)

Name: _____ Birthdate: _____
Address: _____; Zip Code: _____ Age (AS OF **JANUARY 1, 2023**): _____
School: _____; Grade: _____ Softball Experience (Y/N): _____

Parent/Guardian Information: If information is the same as Player's, write 'SAME' Pitching Experience? (Y/N): _____

Name(s): _____ Player's # Request: _____
Address: _____; Zip Code: _____
Phone: Home: _____; Cell: _____
Email: _____

Additional Parent/Guardian that resides in a another household: UNIFORM SIZE: Youth(s/m/l/xl): _____

Name: _____ Adult (s/m/l/xl): _____
Address: _____; Zip Code: _____ Please Identify all Siblings Registering With
Home: _____; Cell: _____ LSL: _____ Phone: _____
Name: _____; Age: _____
Email: _____ Name: _____; Age: _____

EMERGENCY INFORMATION

(Please Identify a Contact Person Other Than Parent/Guardian Listed to Contact in Event of an Emergency)

Name: _____; Phone: Home: _____; Cell: _____
Name of Player's Physician: _____; Phone: _____

AUTHORIZATION FOR MEDICAL TREATMENT AND RELEASE

(PLEASE READ CAREFULLY)

In the event my child is injured or becomes ill during the course of any activities of the Linden Softball League (LSL), I hereby authorize LSL officials to administer first aid and, if necessary, to transport my child to a physician or hospital for further treatment if warranted. I consent to my child's participation in any and all LSL activities and agree to release, indemnify and hold harmless LSL and/or its officers, directors, agents and employees from any and all liability of any kind arising out of the activities of LSL or the transportation to and from such activities. I understand that any medical insurance provided by LSL through ASA affords only excess coverage which would be available only after other applicable insurance available to me/spouse or other interested person has been resorted to. I further understand that the insurance LSL provides through ASA may have a deductible amount.

Parent/Guardian Signature: _____; Date: _____;

PAID: \$ _____; RECEIPT #: _____; BIRTH CERTIFICATE: _____;