

**Linden Softball League**  
**Registration Form 2022**

**Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Age as of 1/1/2022** \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Softball Experience (Y/N) \_\_\_\_\_ Pitching Experience (Y/N) \_\_\_\_\_ Jersey #Request: \_\_\_\_\_

Uniform Size Youth S M L XL Adult S M L XL

**Parent / Guardian Information**

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Additional Parent/Guardian**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Emergency Contact Information**

Name: \_\_\_\_\_ 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 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 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 may have a deductible amount.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

