

Roseville Senior Softball

New Player Registration (rev 01-02-2016)

Name (last, first): _____

Birthdate: _____

Address : _____

City, State, Zip: _____

Phone: _____ -- or -- _____

Email: _____

Waiver: I do hereby agree to release the cities of Vadnais Heights, Roseville, and Little Canada and Ramsey County and the Roseville Senior Softball Association, its Officers, Directors, Managers and Players from any liability, claim, injury, or damage of whatever kind or nature resulting from my participation in the game of softball. I give my permission for the rendering of any necessary emergency medical treatment whatsoever which may have to be rendered due to my participation in this activity.

Signature: _____

Date: _____

Fee paid: _____