

Roseville Senior Softball Association

Player Registration and Waiver (rev 05-06-2020)

Name (last, first): _____

Birthdate: _____

Address : _____

City, State, Zip: _____

Cell Phone: _____

Home Phone or alternate: _____

Email: _____

Emergency Contact Name (last, first): _____

Emergency Contact Phone: _____

Waiver: I do hereby agree to release the cities of Roseville, Little Canada and Stillwater 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 further understand that there is always a risk in group activities of contracting viruses or other illnesses and my release is inclusive of such. 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: _____