

# Roseville Senior Softball Association

## Player Registration and Waiver (rev 10-30-2020)

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, Stillwater and Blaine as well as the counties of Anoka, Ramsey and Washington 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: \_\_\_\_\_