

Tryout bib #: _____



LIVONIA STORM GIRLS FASTPITCH

2018 REGISTRATION FORM

Player's name : _____

Address: _____ City: _____ Zip: _____

Primary email: _____

Secondary email: _____

Player's date of birth: Month ____ Day ____ Year ____ Age of player on Dec. 31, 2017 ____

Home # (____) _____ - _____

Parent's name _____ cell # (____) _____ - _____
and/or _____ cell # (____) _____ - _____

Player's cell (if applicable) # (____) _____ - _____

- * **Age division:** 10u ____ player's age will be 10 or less on Dec. 31
- 12u ____ player's age will be 12 or less on Dec. 31
- 14u ____ player's age will be 14 or less on Dec. 31
- 16u ____ player's age will be 16 or less on Dec. 31
- 18u ____ player's age will be 18 or less on Dec. 31

****players will only be permitted to play up an age level if they qualify***

Make 2 checks payable to **Livonia Storm:** **Registration fee:** \$475
Refundable Tournament Work Day fee \$50

Registration fee must be paid once you COMMIT to a team. *This is a player's contract form. Once selected to a team, checks will be cashed to show your commitment to the team. The money is non-refundable.* All parents will receive an estimated financial budget from the team head coach at the beginning of the season, and a final financial statement will be provided at the end of the season.

The total amount for teams playing tournaments will be determined when the tournament is released. This could add addition fees paid for by the player or acquired through fundraising.

PLEASE COMPLETE THE PARENT (GUARDIAN)/PARTICIPANT WAIVER AND RELEASE OF LIABILITY FORM AND TURN IT IN AT TRYOUTS WITH THIS REGISTRATION FORM.



Parent (Guardian)/Participant Waiver and Release of Liability:

I, the participant (if 18 years or older), or the parent or legal guardian of a minor participant named below, acknowledge, agree and understand that: (1) there are certain risks and hazards involved in participating in softball including, but not limited to, those hazards associated with weather conditions, playing conditions, equipment and other participants, in addition to the acts of pitching, throwing, fielding, hitting and catching of the ball, the swinging of the bat, running, jumping, stretching, sliding, diving and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players; (2) I voluntarily elect or accept and solely assume all risk of damages, injury, including death, incurred or suffered by me/my child (a) while practicing or playing as a member of a team within the Livonia Storm organization, (b) while serving in a non-playing capacity as a team member or observer during practice or play by other teams or by other players on my team, and (c) while on or upon the premise of any and all of the fields arranged for or by the Livonia Storm or by the league for practice or play; (3) I hereby release, discharge and agree not to sue the Livonia Storm, the Livonia Department of Parks and Recreation, the league or any owner or leasee of fields on which softball is played or practiced by the Livonia Storm, or any of their owners, officers, directors, umpires, agents, representatives, employees, volunteers, coaches or any person or entity connected with the team, the Livonia Storm, the Livonia Department of Parks and Recreation, the league or the fields, for any claims, damages, costs or causes of action which I have or may in the future have as a result of injuries or damages sustained or incurred from whatever cause including, but not limited to, the negligence, breach of contract or wrongful conduct of the parties hereby released, to the full extent of applicable law; (4) I shall hold harmless and fully indemnify, to the fullest extent of applicable law, the parties hereby released, from any claims, injuries, damages, losses, liabilities, costs (including attorney fees), and causes of action which may arise from any claims or causes of action made by me, through me or on my behalf even if the damages, injuries or death are caused in whole or in part by any of the parties hereby released; (5) I am certifying to the Livonia Storm and the Livonia Department of Parks and Recreation that I/my child is in good health and physically able to participate in girls fast pitch softball at the applicable age level; (6) I agree to abide by any and all rules, regulations and policies of the Livonia Storm (including but not limited to its Parents Code of Ethics, Social Media Policy, protective equipment policies and concussion policies), its league, and any other governing organizations; (7) the Livonia Storm, the Livonia Department of Parks and Recreation and the league may use photographs taken of the participant for league advertisement; and (8) if the participant sustains an injury, illness or medical condition during her participation on behalf of the Livonia Storm, the head coach (or in his/her absence any assistant coach) of the participant's team is authorized (but not required) to obtain medical treatment for a minor participant (in the event the parent/guardian is not available) and an adult participant that is unable to act on her own behalf. I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER AND RELEASE OF LIABILITY AND AGREE TO ABIDE BY THEM.

Signature _____

Parent, Guardian, or Participant (if over 18)

Date _____

Print Name: _____

Print Participant Name: _____