

Team Registration Form

TEAM NAME: _____
 MANAGER NAME: _____

ALL PLAYERS MUST READ THIS WAIVER BEFORE SIGNING THE REGISTRATION FORM

BY SIGNING THIS REGISTRATION FORM I ACKNOWLEDGE, UNDERSTAND, AND FULLY ASSUME THE RISKS OF PARTICIPATION IN RECREATIONAL ACTIVITIES AND I FULLY AGREE NOT TO HOLD LIABLE THE OREGON ADULT SOFTBALL ASSOCIATION, OR ANY OFFICERS, AGENTS, SUBCONTRACTORS, VOLUNTEERS OR EMPLOYEES THEREOF FOR ANY PERSONAL INJURY, DAMAGE, OR LOSS OF PERSONAL PROPERTY ARISING OUT OF, OR IN CONNECTION WITH, PARTICIPATION IN A GAME, EVENT, OR ACTIVITY, EXCEPT FOR DAMAGE OR INJURY RESULTING FROM INTENTIONAL OR RECKLESS ACTS. I ALSO UNDERSTAND THE OREGON ADULT SOFTBALL ASSOCIATION **DOES NOT** CARRY INSURANCE ON ANY OF THE PARTICIPANTS.

BY SIGNING BELOW YOU CHOOSE TO ACCEPT THE TERMS AND CONDITIONS ABOVE WITHOUT EXERCISING YOUR ABILITY TO NEGOTIATE THE TERMS AND CONDITIONS.

	PLAYER NAME	CITY	PHONE	BIRTH (M/YY)	PLAYER SIGNATURE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
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14					
15					
16					
17					
18					
19					
20					

MANAGER - READ PRIOR TO SIGNING

I VERIFY THAT ALL THE PLAYER INFORMATION IS CORRECT, ALL THE PLAYERS HAVE SIGNED ABOVE IN THEIR OWN HANDWRITING, ARE OVER 18 YEARS OF AGE AND ELIGIBLE TO COMPETE WITH MY TEAM. I AGREE TO BE BOUND BY THE RULES, AND REGULATIONS AS SPECIFIED BY THE OREGON ADULT SOFTBALL ASSOCIATION AS CONTAINED IN THE LEAGUE RULES.

 MANAGER'S SIGNATURE

 DATE