NORTH DES MOINES BAM BAM LEAGUE
REGISTRATION FORM League Season
www.ndm-girls-softball.com

Player Information

First & Last Name (M / F)_____ Birth Date _____ Age _____

Primary Address _____ City _____ Zip _____

Phone _____

Did you play last year? Yes / No Team Name _____

Circle Shirt Size Youth: XS S M L XL

Sister/Brother in League? _____
name age

Family Information

Father: _____ Mother: _____

Address: _____ Address: _____

City _____ Zip _____ City _____ Zip _____

Phone _____ Cell Phone _____ Phone _____ Cell Phone _____

Waiver – Please Read and Sign

Player: _____

I, the undersigned, as the parent or legal guardian of the above named child, do hereby give my full consent and approval for my child to participate as a member of the BAM BAM league. I understand that there are certain risks of damages and injuries, including death, inherent in the practice and play of softball, as well as in traveling in other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. These risks include but are not limited to those hazards associated with weather conditions, travel, playing conditions, equipment and other participants. I understand that the very nature of the game of softball is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding 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 my child and to other players. On behalf of my child and myself, I do voluntarily elect to accept and solely assume all risks of injury incurred or suffered by my child (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as team member or observer during practice or play by other teams or by other players on my child's team, and (c) while on or upon the premises of any and all of the fields arranged for by my team or league for practice or play. In addition to giving my full consent for my child's participation, I do hereby waive, release, discharge and agree not to sue the team and NDMGS, the owner or operator of any fields, the Amateur Softball Association of America, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, field or Amateur Softball Association of America for any claim, damages, costs including attorney fees, or cause of action which I or my child have or may have in the future as a result of damages, injuries, including death, sustained or incurred by my child from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released. I further agree on behalf of myself and my child, that I shall hold harmless and fully indemnify the parties and hereby release from any and all claims, damages, costs including attorney fees, and causes of action which may arise from any cause of action made by me or by, through or on behalf of my child, even if the damages, injuries or death are caused in whole or in part by any of the persons or entities hereby released. I understand that this release is intended to be as broad and inclusive as permitted by the laws of the State of Iowa and that if any portion is held invalid, it is agreed that the balance shall, not withstanding, continue in full legal force and effect.

I have read and understand the above waiver. Date _____ Parent/Guardian _____