



PLAYER INFORMATION

Player Name: _____ Date of Birth: _____ Age: _____
 School: _____ Grade: _____
 Started Playing In: _____ Team & Position(s) Last Season: _____
 Days/Times Player **Cannot** Practice: _____ Other Activities/Sports: _____ How did you hear about TTL? _____

UNIFORM INFORMATION

Name for Jersey: _____ Jersey #, 1st Choice: _____ 2nd Choice: _____
 Shirt Size: YS YM YL AS AM AL AXL A2XL

PARENT/GUARDIAN #1

Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____
 Cell Phone: _____
 E-mail: _____
 Willing to help coach/manage a team? Yes _____ No _____

PARENT/GUARDIAN #2

Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____
 Cell Phone: _____
 E-mail: _____
 Willing to help coach/manage a team? Yes _____ No _____

I am the parent or legal guardian of the child named above. I understand how softball is practiced and played, including the field and player equipment used. I know that it could be dangerous for my child to practice or play softball, and that she could be seriously injured, possibly even fatally, while practicing or playing softball. I have explained these risks and dangers to my child and she understands them (to the best of her ability given her age). I understand and agree that I am responsible for my child's safety and welfare while she is practicing and playing softball or participating in other Leaguerettes activities. It is my responsibility to observe my child's games, practices and other activities to ensure that my child is as safe as reasonably possible. If I am ever aware of any field or facility condition, equipment condition, game procedure, practice procedure, or conduct that may be unsafe or unhealthy, I will immediately notify my child's coach and the Leaguerettes Board. With full understanding of the risks and dangers involved, I (and any other parent or guardian) consent to participation by my child in Leaguerettes Softball activities. I (and any other parent or guardian) and my child release all the released parties (described below) from any liability or responsibility for any accident or mishap involving my child, or any injury or death suffered by my child occurring before, during, after or in connection with any Leaguerettes game, practice or other activity, whether at Leaguerettes facilities or elsewhere. In addition, I agree to hold harmless, indemnify and reimburse all the released parties for and with respect to any claim, lawsuit or legal proceeding relating to any such accident, mishap, injury or death. In the preceding sentences, released parties means the City of Temple Terrace and Hillsborough County, all of their employees, officials and representatives, all game officials, Temple Terrace Leaguerettes, Inc. and all of the directors, officers, coaches, managers, assistants, parent volunteers and other representatives and volunteers of Temple Terrace Leaguerettes, Inc. My signature below is for and on behalf of my child, and also any other parent or guardian of my child, and I am authorized to sign on their behalf. My signature also grants permission to Temple Terrace Leaguerettes to use pictures and videos of my child for league purposes.

As a parent of the registered player I agree to participate in all activities that are required by the parents of a team player. These activities will include such things as working the concession stand, selling raffle tickets, participating in league events whenever possible, and most of all show an example of good sportsmanship towards all other players, parents, coaches and umpires.

Parent/Guardian Signature: _____ Date: _____

For League Use Only:
 TTPRD Exp Date: _____ || BC On File: Yes No || Paid: \$ _____ by Cash Check No.: _____
 New Player Referred By: _____ || Reviewed By: _____