Grafton Diamonds Indoor Practice Registration Form

Player Name				
AddressCity				
StateZip	Home Pho	one	Date of Birt	h/
Mother/Guardian_			Grade	
Cell phone #	E-Mail Ac	ldress		(For League Use Only)
Address (If Differe	ent)	City	State	Zip
Father/Guardian _	rdian Phone if different			
Cell phone #	E-Mail Address			(For League Use Only)
Address (If Differe	ent)	City	State	Zip
Please mail form to: Grafton Girls Softball Please mail form to: Grafton Girls Softball PO Box 80 Grafton, MA 01519				
For mo	ore information, please co	ntact us at <u>Diamonds@G</u>	iraftonGirlsSoftba	ll.com.
Grafton Diamor transportation to harmless the papersons transportation to large extent and in the large of medical care from participating in authorization for lagree as when receivers.	nt or guardian of the above and Indoor practices. I asso and from the activities; a arent or Grafton Girls Soft orting the girl to and from the amount covered by according the permission to managom any licensed physiciar league activities away froor emergency treatment. It to return upon request arred, except for normal weater	sume all risk and hazards and do hereby waive, releted. Inc., the organizers, activities, for any claim a sident and/or liability insurging personnel or other len, hospital, or medical clirm home, or at other times by uniform and other equiar and tear.	ZATION nereby give approvincidental to such ease, absolve, indesponsors, supervirising out of an injurance held by Grafague representativalic should the girl be when neither particular properties and the particular such each of the properties of	val to her participation in participation including emnify and agree to hold isors, participants, and ury to the girl, except to the ton Girls Softball. ve to authorize and obtain pecome ill or injured while

Relationship

Date

Parent or Guardian