

REGISTRATION FORM &
RELEASE



Needham Fastpitch, Inc.

NFP Use
Check No.

Babson College Softball

Summer 2011 Training Clinics



PLAYER NAME	AGE (as of 1/1/2011)	BIRTH DATE:
ADDRESS	HOME PH:	CELL:
GR./SCHOOL	Parent Name(s)	
Cell Number(s)		
EMAIL(S)		
HEALTH CONSIDERATIONS (IF ANY):		

Three 4-day clinics conducted by Babson College Varsity Coach, Dave Canan, staff and his players at Needham's Claxton Field from 9 am to Noon (check one or more clinics below - \$200 each clinic - proceeds to Babson Softball and \$5 per player town field usage fee):

<input type="radio"/> July 11 - 14 (rain date July 15)	<input type="radio"/> August 1 - 4 (rain date August 5)	<input type="radio"/> August 22 - 25 (rain date August 26)
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Consent, Acknowledgement and Release: The undersigned, the above named person (IF OVER 18) and the parent/guardian of such person (the "Player"), hereby consent and give my approval for the Player's participation in any and all activities of, or related to **Needham Fastpitch, Inc.**, including related spring, summer, winter, or fall softball or related activities and programs, including its associated travel teams, tournament teams and instructional and training programs and clinics (collectively, the "Program"). I/we acknowledge that participation in softball can result in serious injury, even death, I/we choose to accept any and all responsibility for the Player's safety and welfare while participating in Program activities. In consideration of the Player's participation, I/we assume all risks and hazards incidental to such participation including without limitation, transportation to and from, and participation in, games and practices and other activities; and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless, the Program, Babson College, all other softball organizations, and their respective founders, organizers, sponsors, directors, officers, managers, coaches, assistants, trainers, instructors, teammates, volunteers, agents and representatives from and against any claim arising out of negligence or other cause, including without limitation claims arising out of an injury to the Player or property except to the extent and in an amount covered by applicable insurance. I/we acknowledge that the Player is responsible for appropriate conduct and violation of Program rules or other misconduct can result in dismissal from the Program without refund. I/we further give my consent for emergency medical care and the release of personally identifiable health information under whatever conditions in an effort to preserve the life, limb or well-being of the Player. I certify that the Player is in good physical condition to take part in the Program and that the Player has health insurance coverage. I/we grant the released parties the right to photograph and/or videotape the Player and further to use the Player's name, face, likeness, voice and appearance in connection with exhibitions, broadcasts, publicity and news materials in connection with the Program and the sport of softball but otherwise without reservation or limitation. The released persons, however, are under no obligation to exercise such rights. As Program Fees have been carefully calculated toward covering the costs of the Program, fees are only refundable if there is not enough interest to form a team or to conduct the program for which the Player has registered or otherwise in the discretion of Needham Fastpitch, Inc.. Under no other circumstances will the Player's fees be refundable either in part or in whole.

Signature Parent/Guardian or Player (if over 18)	Address (if different)	Phone # (if different)

Please send this form with a check for the applicable fee to: **Needham Fastpitch, Inc.** 89 Edwardel Rd., Needham, MA 02492