



Needham Fastpitch, Inc.

NFP Use
Check No. _____

REGISTRATION FORM & RELEASE Fall 2010 Travel Program

PLAYER NAME	AGE (as of 1/1/2010)	BIRTH DATE:
ADDRESS / ZIP CODE	HOME PH:	CELL:
GR./SCHOOL	Parent Name(s)	
Cell Number(s)		
EMAIL(S)		
CONFLICTS (VACATIONS, SPORTS & OTHER EXTRACURRICULAR ACTIVITIES)		HEALTH CONSIDERATIONS (IF ANY):

DO YOU HAVE A NEEDHAM FASTPITCH UNIFORM FROM PRIOR SEASONS THAT YOU CAN WEAR THIS YEAR? CIRCLE : YES NO

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 (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, 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)
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The pre-season skills clinic will be August 24-27 from 9am-1pm. Game dates/times will depend on how many players sign up. We are trying to establish a local league. If that doesn't work, there are other options.

Please send this form along with a copy of your birth certificate (unless we already have it) and a check for the applicable fees (\$125 if you already have a uniform or \$175 if you need a uniform) to: Needham Fastpitch, Inc. 33 School St Needham, MA 02492.