



Registration and Release Form

Player: _____ DOB: _____ Age as of 12/31/2021 _____

Address: _____ City: _____ Zip: _____

Player Cell Phone: _____ Player's Email: _____

Father's Name: _____ Work Phone _____ Cell Phone _____

Father's Email Address: _____

Mother's Name: _____ Work Phone _____ Cell Phone _____

Mother's Email Address: _____

Grade for 2021/2022 School Year: _____

Previous Positions Played: _____ Position(s) Trying out for: _____

Bat: Right: _____ Left: _____ Both: _____ Throw: Right: _____ Left: _____

Private Coaches (Pitching, Hitting, etc.) _____

Years of competitive softball @ A Level: _____ B Level: _____ C / REC _____

Team last played for (2020): _____

HS Players Only – HS Attending: _____ Other HS Sports (Spring): _____

Are you here for a specific Coach, If Yes, Coaches name: _____

Release of Liability: The undersigned hereby acknowledges that participation in softball practice, tryout and/or related activities involves an inherent risk of physical injuries, and the undersigned, on behalf of the registrant, hereby assumes all such risk and does hereby release and forever discharge the Colorado Diamonds and South Jeffco Sports Association and all agents thereof from any and all liability of whatever kind of nature arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from the registrant's participation in or involvement with this practice, tryout and/or related activities, including any failure of equipment or defect in the premises. I hereby state that I am the legal guardian of said child.

Signature of Parent or Legal Guardian

Relationship