

Melrose Youth Softball



Offline Registration

Player Name: _____

Street Address: _____

City, State and Zip Code: _____

Phone Number: _____

Email Address: _____

Age: _____ Grade: _____ School: _____

Insurance provider: _____

Insurance Member ID: _____

Parent / Guardian #1

Name: _____

Street Address: _____

City, State and Zip Code: _____

Phone Number: _____

Email Address: _____

Parent / Guardian #2

Name: _____

Street Address: _____

City, State and Zip Code: _____

Phone Number: _____

Email Address: _____

Are you interested in Coaching? _____ Assistant Coaching? _____

I consent to have my child play in Melrose Youth Softball. I hereby release, absolve, indemnify and hold harmless Melrose Girls Youth Softball, its officers, directors, coaches, and all individuals acting on its behalf from any and all liability for any injuries, loss, or other claims arising out of or resulting from my child's participation in Melrose Girls Youth Softball.

Signed by parent / guardian

Signature

Date

Please make checks payable to **Melrose Youth Softball** and mail to: PO Box 760796, Melrose, MA 02176