



# SOFTBALL REGISTRATION FORM

The person who completes and signs this form is the primary contact for The Gathering. Information submitted on this form can only be modified by aforementioned person. If information provided on this form changes, it is your responsibility for updated information to be given to The Gathering in case of an emergency.

## Registrant #1

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
E-mail \_\_\_\_\_

## Registrant #2 (if applicable)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
E-mail \_\_\_\_\_

## RELEASE FOR SPORTS/ACTIVITIES & PHOTOS

I hereby request that I be permitted to participate in the Softball League. As consideration for participating in the softball league, I hereby agree to indemnify and hold harmless The Gathering, and its officers, agents, employees, and volunteer aides, from any liability, which may arise in connection with this request. I understand that I will be under the general supervision of The Gathering volunteers during this program. I hereby authorize emergency treatment be given to me, if needed, by licensed medical personnel. I understand that promotional pictures (individual and group) will be taken during these events. I give permission for my picture to be used for any promotional materials (newsletter, web page, calendars, power point, etc.).

By my signing this, I release *The Gathering* Staff, additional volunteers and leaders, from any and all liabilities and waive all claims against them.

\_\_\_\_\_  
Signature of Applicant #1 Date

\_\_\_\_\_  
Signature of Applicant #2 (if applicable) Date

Any following medication/allergies/issues we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_