

WEST HAVEN ADULT SOFTBALL ASSOCIATION

OFFICIAL ADULT SOFTBALL PLAYER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

Team Name:
 League Day/ Div.
 Manager's Name:
 Address:

ENTRY FEE: \$ _____
 NON-RESIDENT: _____

I ACKNOWLEDGE THAT I HAVE READ THAT I UNDERSTAND EACH AND EVERYONE OF THE PROVISIONS ON THE BACK OF THIS PAGE NAMED
 "WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AND AGREE TO ABIDE BY THEM. *NON-RESIDENTS

PLEASE TYPE OR PRINT

| | PLAYERS NAME (PRINT) | SIGNATURE | BIRTHDATE | DATE | EMAIL OR BONAFIDE RESIDENCE | HOME PHONE | WORK PHONE |
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