Cabot Softball Association
Fall Ball Registration
PO Box 509 Cabot, AR 72023

Scott Steely
743-9704

Shannon Lynn
605-9704

Please print

Team Name _____ Age group will play in 2008 season _____

Coaches Name _____

Address _____ City _____ Zip Code _____

Home # _____ Cell # _____ Email: _____

THIS AGREEMENT WAIVES LEGAL RIGHTS, PLEASE CONSULT AN ATTORNEY FOR ANY QUESTIONS

1) Assume all risk of possible damage or injury involved through participation in any activity planned by Cabot Softball Association(CSA) or coordinated by CSA with any other person or entity.

2) Request permission to participate in the activity with full knowledge that said activity could result in permant damage or injury to participant.

3) Agree to release, indemnify and hold harmless CSA or its agents, officers, officials and employees from liability resulting from my participation in said activity, including CSA gross negligence.

(CSA DOES NOT PROVIDE ACCIDENT INSURANCE)

Coach or Team Manager Signature _____

Date of Birth	Players Name	Parent / Guardian Signature

Please Mail the following to the above address

This form completed

$30.00 registration fee

You are allowed 3 gate passes for free entry(please list)

1 _____

2 _____

3 _____