



## Sardis Ladies Softball Registration Form

Sardis participates in a slow pitch softball league for women, high school aged, and up. The season runs from May through August. Games are Tuesday nights at Mt. Harmony Baptist Church. Practices are on Sunday afternoons. The registration fee is \$55.

Player's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Are you a member of Sardis Presbyterian Church? \_\_\_\_\_

If not, would you like more information about the church? \_\_\_\_\_

Player's t-shirt size (Hanes 50/50 will not shrink): \_\_\_\_\_

### If under 18:

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_ Dad's Email: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_ Mom's Email: \_\_\_\_\_

### Player Authorization:

I hereby give approval to the participation in any and all league activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the parent or local league organization, the organizers, sponsors, supervisors, participants and persons transporting the player to and from activities, for any liability insurance held by the local league. I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in league activities away from home, or at other times when nobody is available to grant authorization for emergency treatment. If under 18, I will furnish certified birth certificate of the above named candidate upon request by league officials.

\_\_\_\_\_  
Player Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
If under 18, parent/guardian signature

\_\_\_\_\_  
Date

**Check payable to: Sardis Presbyterian Church**

6100 Sardis Rd. | Charlotte, NC | 28270 | Attn: Sports & Recreation