

Is your daughter interested in pitching? **Yes** or **No**

While all girls may be given a chance to try pitching during practice, only girls who have attended at least two hours of leagues paid and/or free pitching clinics or private pitching lessons within the last calendar year will be eligible.

Is your daughter interested in playing or are you interested in learning more about our travel program? **Yes** or **No**

Travel Program

- 8U** Birth Year 2011 & 2010
- 10U** Birth Year 2009 & 2008
- 12U** Birth Year 2007 & 2006
- 14U** Birth Year 2005 & 2004
- 16U** Birth Year 2003 & 2002

Are you interested in being a coach for our travel program? **Yes** or **No**

I, _____(Parent and/or Legal Guardian)
request that my child _____(Player) be allowed
to participate in this program. I agree to accept responsibility for the insurance
deductible and/or uncovered medical, dental, hospital and doctor bills that may
incur from participation of my child in the softball program. I will not hold Miss
Scotties Softball Inc. inclusive of its Board, Directors, Managers, and Coaches
responsible in any way. I further acknowledge all the above information.

ASSUMPTION OF RISK: I agree to indemnify and hold harmless the Town of Malta Parks & Recreation Department, the Town of Malta, the Malta Athletic Association, Miss Scotties Softball, its employees, personnel, independent contractors and volunteers from any and all liability for injuries or damages which may arise as a result of participating in this activity. I assume all risks and hazards incidental to participation on behalf of myself or my child and recognize my child is physically and mentally fit to participate and have not been advised otherwise by a physician. I also understand that I am responsible to determine whether it is safe for my child to participate in this program and assume the risk by enrolling my child in the program. I do hereby waive, relinquish, release, discharge, and hold harmless from any and all liability, for any physical or mental injury or aggravation of any pre-existing illness, handicap, death, loss of enjoyment, or any other harm or loss of nature which may be sustained by me or my child while participating in this activity. I further agree that the coaches or Board personnel may act in an emergency as best fits the situation in the event my emergency contact cannot be reached.

Parent/Guardian Name (print) Signature Date

Witness Name (print) Signature Date