



JUD LOGUE
501-765-3355

Cabot Softball Association

Fall Ball Registration

PO Box 509 Cabot, AR 72023



\$35.00 registration fee

PLEASE PRINT

Team Name _____ Age Group you (If 10u please list MP or LA) will play in 2015 season _____

Coaches Name _____

Address _____ City _____ Zip _____

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 permanent 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
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Please Mail the completed for following to the above address

You are allowed 3 gate passes for free entry (please list
 1 _____
 2 _____
 3 _____