



c/o Brian McCarthy
 9251 Yonge Street, Suite 8-116
 Richmond Hill, ON L4C 9T3

REGISTRATION FORM 2017

\$135 per person

Fill in Player 1 if registering as an individual - fill in Player 1 & 2 if registering as a couple (both must sign waiver)

Please make cheques payable to Double Diamond Slo Pitch League or e-mail transfer to 2brianm@gmail.com

www.ddspl.ca

If your info is the same as last season just fill in name(s) and sign waiver on the back.

PAID: Amount: _____ Cash: _____ Cheque #: _____

This area is for DDSPL use only

PLAYER ONE

Name: _____ Did you play last year? Y / N

Address: _____

City: _____ Postal Code: _____

Home Tel: _____ Work/Cell #: _____

DOB (DD/MM/YY): _____ Email (mandatory): _____

Position Desired: 1) _____ 2) _____ 3) _____

Shirt Number Desired: _____ Shirt Size Required: _____

THIS SECTION MANDATORY FOR NEW PLAYERS: Did you play in any SPN/SPO/NSA tournaments recently? Y / N

If YES, how many? _____ What level? (eg. Men's Rec, Ladies C, etc) _____

Describe your Slo-Pitch level and years played: _____

PLAYER TWO

Name: _____ Did you play last year? Y / N

Address: _____

City: _____ Postal Code: _____

Home Tel: _____ Work/Cell #: _____

DOB (DD/MM/YY): _____ Email (mandatory): _____

Position Desired: 1) _____ 2) _____ 3) _____

Shirt Number Desired: _____ Shirt Size Required: _____

THIS SECTION MANDATORY FOR NEW PLAYERS: Did you play in any SPN/SPO/NSA tournaments recently? Y / N

If YES, how many? _____ What level? (eg. Men's Rec, Ladies C, etc) _____

Describe your Slo-Pitch level and years played: _____

In order for this application to be considered complete it must accompany full payment and the waiver on the reverse **MUST** be signed by all players registering on this form.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

As a Participant in the programs, activities and events of Double Diamond Slo-Pitch League, I acknowledge and agree to the following terms:

1. Double Diamond Slo-Pitch League, its founder, directors, officers, members, employees, volunteers, coaches, executive members, officials, participants, agents, sponsors, supporters, teams, owners/operators of facilities, representatives, successors and assigns (collectively the "Organization") are not responsible for any injury, damage or loss of any kind suffered by a Participant during, or as a result of, any program, activity or event by or in association with the Organization, directly or indirectly, and caused in any manner whatsoever.
2. In consideration of my participation as a Participant in the programs, activities and events by or in association with the Organization, I hereby acknowledge that I am aware of the risks and hazards associated with or related to Slo-Pitch or softball (as it may be called from time to time) including the possible risk of SEVERE OR FATAL INJURY.
3. I hereby agree to release, remise and forever discharge the Organization and the above persons from any and all liabilities, claim, personal injury, damages, actions, costs, expenses, suits, and all matters arising from or incidental to my/our participation in the Organization however caused and all other matters of any nature or kind relating to Organization and any properties owned by them.
4. I agree to abide by the rules and bylaws of the Organization as amended from time to time.
5. I acknowledge that the Organization has the right to refuse any Participant at any time during the season or revoke participation in the league.
6. In consideration of the Organization and the above persons allowing me to participate as a Participant, I agree:
 - a) To assume all risks arising out of, associated with or related to my participation;
 - b) To be solely responsible for any injury, death, loss, expense or damage that I might sustain while participating; and
 - c) To release the Organization and the above persons from liability for any and all claims, demands, actions and costs that might arise out of my participation.

I acknowledge that I have read this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators and representatives.

Witness

Name of Participant(s) (Please Print)

Participant(s) Signature

Date