



2023 REGISTRATION AND WAIVER FORM

Participants name: _____

Address: _____

Email address: _____

Home Phone: _____

Birthdate: _____ Current Grade: _____

Age level seeking to play on: (please circle/highlight one) 10U 12U 14U

Previous softball experience: _____

Parent/Guardian Name: _____ cell phone # _____

Parent/Guardian Name: _____ cell phone # _____

List any Allergies or any other medical conditions the Raptors Organization should be aware of:

(use back side of this form if you need more space)

Other sport/school commitments: _____

Waiver:

During regular practice sessions, camps and weekly matches, Aurora Raptors/AGFP and its coaches assume no liability in the event of an injury sustained during the weekly practice sessions, games or clinics/camps. Each child's care is the sole responsibility of that child's parent or legal guardian.

I understand the nature of fastpitch softball activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of the releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to be cause in whole or part by the negligence of the releases or otherwise, including negligent rescue operations.

Parent/ Guardian Signature: _____

Date: _____

Contact Info: auroraraptorssb@gmail.com