



**Kenai Peninsula Softball Association
PO Box 1302 Kenai, AK 99611**

OFFICIAL PLAYER REGISTRATION FORM

Player Name: _____

Mailing Address: _____

City: _____ State: _____ Phone: _____

Email Address: _____

Team Name:	Division:	Level of Play:
_____	Coed M W	Rec E D C B
_____	Coed M W	Rec E D C B

As indicated by my signature below, I agree to play softball with the above named team(s) during the current season. I also agree to comply with all rules and regulations in regards to this organization.

I understand that I will be participating as a player, and as such, recognize there is some risk of injury. In consideration of my participation, I release, waive and hold harmless the KPSA, City of Kenai, State of Alaska, Department of Parks and Beautification and Sports & Recreation, all national, state and local amateur sports governing bodies, team sponsors and fellow players from any claims, causes of action, losses or other liabilities resulting from or arising out of my participation, due to negligence or other causes, in the above designated sport.

I agree to pay \$50 to participate on a co-ed softball team. If there is a women's or men's league, I agree to pay an additional fee. This is a yearly membership and is non-refundable or transferable.

PRINTED PLAYER NAME: _____

PLAYER SIGNATURE: _____ DATE: _____

CASH: _____ CHECK #: _____

TAKEN BY: _____ DATE: _____