



DIAMOND DREAMS SOFTBALL ACADEMY

ACADEMY PLAYER REGISTRATION

Name _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Home Phone _____ Cell Phone _____

Height _____ Weight _____ Date of Birth _____

Shirt Size
Circle One YTH- XS YTH-SM YTH- MED YTH-L Allergies _____

Parent/Guardian Information

Father's Name _____ Mother's Name _____

Father's Phone _____ Mother's Phone _____

Father's Email _____ Mother's Email _____

The following person(s) should be notified in an emergency, if the above are not available:

Name _____ Home Phone _____

Address _____ Cell Phone _____

Relationship to Player _____

Name _____ Home Phone _____

Address _____ Cell Phone _____

Relationship to Player _____

Release and Waiver of Liability

The undersigned hereby acknowledge that participation in this Diamond Dreams Softball Academy involves an inherent risk of physical injury, and the undersigned on behalf of the registrant, hereby assumes all such risk and does hereby release and forever discharge the Diamond Dreams Softball Academy and all employees and agents thereof from any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from this registrant's participation in and or involvement with this Diamond Dreams Softball Academy,

Parent Signature _____

Date _____