



2020-21 Ozark
Adventist School
Softball Sign-up
Form:



PLEASE FILL OUT THE INFORMATION BELOW:

Players Name: _____ Birth Date: _____
(First & Last) Grade: _____

Mailing Address: _____ City: _____ Zip: _____

Parent Cell Phone #: _____ Text OK? _____
(Yes or No)

Allergies or Medical Conditions: _____

I HEARBY CERTIFY THAT: I am the parent or legal guardian of the above named player who wishes to participate in organized softball under the authority of Ozark Adventist School.

I understand that softball can be a hazardous activity, which may subject participants to injury. Nevertheless I, on behalf of my child & parents, hereby agree to assume all risk that may occur due to his/her participation, directly or indirectly, in connection with the softball program. I hold harmless Ozark Adventist School and its employees and volunteers from any liability resulting thereof.

Parent Signature: _____ Date: _____