

**LSAA WOMEN'S SOFTBALL  
2016 REGISTRATION FORM**  
*(Please complete the following information)*

**Team requested:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Shirt Size:** \_\_\_\_\_ **Position 1:** \_\_\_\_\_ **Position 2:** \_\_\_\_\_

To register for the 2016 season, please complete registration form and send to Dorothy Lear at the following address with your payment of **\$30.00** payable to **"LSAA"**. **Please return no later than March 31, 2016. If registration and payment is received after March 31, 2016, player must pay \$40.00 late fee.**

All registration money is refundable if you are unable to play for any reason, before the 2016 season begins. Any questions contact:

**Dorothy Lear**  
4574 Winding Brook Drive  
Bensalem, PA 19020  
Home: 215-757-1968  
Cell: 215-584-0337  
[dorlear@comcast.net](mailto:dorlear@comcast.net)

I agree to play at my own risk and will not hold LSAA, members or sponsors liable for any injuries sustained.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

***Must sign waiver on next page***

***We will try to accommodate all team requests; requests will be on a first come basis.***

## **LSAA WOMEN'S SOFTBALL LEAGUE**

I, the undersigned, do hereby agree to play with the LSAA Women's Softball League during the 2016 season.

I am aware of the potential for injury or harm, to myself and others, as a result of my participation in this organization/ program.

I do further agree not to hold team sponsor, team officials, the League, or the Township where the field is located, responsible for any accident or injury sustained while performing for the above mentioned club.

By signing this contract/waiver I hereby release, absolve, and hold harmless forever into the future, from any liability for any injury of any kind, suffered as a result of, or in any way connected with, my participation, as an active participant and/or as a spectator in the above designated organization/program.

By signing this contract/waiver, I am agreeing to assume full and complete responsibility for all medical payments of any kind associated, directly or indirectly, with my participation in this program/organization.

I have read this document completely, I understand its contents and their significance, and I am freely and willingly signing this agreement.

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Date

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Player's Signature