



Registration Form Spring 2012

All information used for TSL business and communication only.
Please print clearly.

Last Name: _____ First Name: _____ MI: _____

Address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Ext: _____

Email: _____

I consider my gender predominately: ___ Male ___ Female

Skill Level: I consider my ASA ranking an: ___A ___B ___C ___D ___Not Sure

Prior playing experience: _____

Position(s) I like to play: _____

Years playing in TSL: _____

Because of the nature of our relationship, it is important that I be placed on the same team with the following TSL member: _____*

*TSL can only guarantee placement on the same team with spouses, partners, and others in long-term, committed relationships. TSL will pair you with one person only, and only if that person also chooses to be paired with you.

Shirt size: ___S ___M ___L ___XL ___XXL ___XXXL Choose one: ___Ball Cap ___Visor

Emergency Contact: _____ Relation: _____

Emergency Phone: (____) _____ - _____ Ext: _____

I am a new player, and I was referred by _____ (Current TSL member, if any).

**ALL FIRST YEAR PLAYERS must attend a skills clinic to be eligible to play.
Schedule and location posted on www.triadsoftball.com**

Waiver, Release of Liability, Indemnification Agreement



I, the undersigned player, acknowledge, agree and understand that:

1. Voluntarily and of my own free will, I elect to participate as a member of the Triad Softball League, Inc. ("TSL").
2. I understand that there are certain risks and hazards involved in participating in softball that may result in injury or death to me or other players, including, but not limited to, those hazards associated with weather conditions, playing conditions, equipment and other participants.
3. I understand that sliding into base is dangerous to me and to other players and may result in serious injury or death.
4. I understand that the very nature of the game of softball is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding and catching of the ball, the swinging of the bat, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players.
5. Further, I, the undersigned player, agree that in consideration for the right to play as a member of TSL and in consideration for permission to play on the fields arranged for by TSL:
 - a. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of TSL, (b) while serving in a non-playing capacity during practice or play, (c) while on or upon the premises of any and all of the fields arranged for by TSL for practice or play, and (d) while participating in any TSL activity, including both sporting and social events.
 - b. I release, discharge and agree not to sue TSL or the field owner, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with TSL or field owner for any claim, damages, costs or cause of action which I have or may have in the future as a result of injuries or damages sustained or incurred by me from whatever cause, including, but not limited to, the negligence, breach of contract or wrongful conduct of any kind or nature of the parties hereby released.
6. In the event of my breach of this Agreement, in whole or in part, I agree to indemnify the parties hereby re-leased for any and all costs, expenses and attorney's fees incurred by them as a result of any such breach.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Name of Player (Print): _____

Signature of Player: _____ Date: _____

WINSTON-SALEM RECREATION AND PARKS DEPARTMENT ATHLETIC LEAGUE PLAYER CONTRACT

I, _____, hereby agree to play _____ Softball _____ during the season of _____ Spring 2012 _____
(Name of Player) (Sport) (Year)
with _____ Triad Softball League _____ team of the _____ Triad Softball League _____
(Name of Team) (League)

The player understands that the Sport designated above involves risk of bodily injury, potentially death, and the Player hereby assumes all risk involved in this sport. Further, the Player shall inspect, to his/her satisfaction, the playing surface and facilities prior to participating in each game, and his/her participation in each game shall be a waiver of any claim that the playing surface or facilities are defective or dangerous for purposes of the game. Player hereby releases and holds harmless the League Sponsors, the City of Winston-Salem and its departments, agents, and employees from any and all claims related to personal injury or property damage.

Players Signature _____ Phone(s) _____

PRINT Players Name: _____

Street _____ 6012 Yeaton Glen Dr _____ City _____ Winston-Salem _____ Zip _____ 27107
(Must be Resident Address)

Do you live in the City or County (Check One) Do you work in the City or County (Check One)
Players that do not live in the City of Winston-Salem must pay a \$20.00 non-resident fee before he or she is an eligible player.

Manager's Signature _____ Pastor's Signature (If Church League) _____

PRINT Manager's Name: _____ Julie McKnight _____ PRINT Pastor's Name: _____

By his/her signature, manager acknowledges that the Player named above represented to the Manager that he/she read, understood, and executed this contract. Further, Manager warrants that he/she will allow only eligible players who have properly executed a contract to play in any game.

Parent or Guardian if participant is not 18 years of age: _____

PRINT Parent/Guardian Name: _____

This Contact can be mailed to:
Winston-Salem Recreation and Parks Department
Attn: Athletics
PO Box 2511
Winston-Salem, NC 27102-2511

Or Delivered to: Winston-Salem Recreation & Parks Department
Bryce Stuart Municipal Building
100 E. First Street, Suite 407
Winston-Salem, NC 27101
Telephone: 336.727.2063

Received by: _____ Date: _____

CONTRACT CANNOT BE FAXED



GOOD SPORT OATH

I understand that this event is being conducted under the Sanction, Rules and By-Laws of the Triad Softball League. I understand that the purpose of the Triad Softball League is to provide a social outlet for players and supporters in the context of friendly competition. In order to assist players and spectators to enjoy the games and in order to foster respect for our community:

1. I pledge to encourage players and supporters to be good sports by a being a good sport myself;
2. I pledge to play competitively, win with humility and lose with grace;
3. I pledge to place the emotional and physical well-being of other players ahead of my own personal desire to win;
4. I pledge to engage in this competition by trying hard, by working to improve my skills and the skills of other players, by taking the physical bumps which are attendant to softball, by coming back for more and, most importantly, by having a good time.
5. I pledge to remember that mistakes by everyone -players, managers and umpires alike -are part of the game. I pledge to defer to my manager to argue any questionable calls of the umpire(s). I pledge to re-main calm and accept the decisions of the managers and umpires, even when it is one with which I may disagree strongly.

By signing this Pledge, I agree that any athlete, manager or spectator who violates this Pledge or who uses taunting, derogatory remarks or intimidating behavior or who violates the Good Sport Oath may be disciplined in accordance with the Softball Rules contained in the Triad Softball League By-Laws. I understand that any member disciplined may avail themselves of the Grievance Process also contained in the By-Laws.

I will remember that if the players on the teams are not having fun or fostering our community, I am missing the whole point of the League.

Print Name of Player

Date

Signature of Player

Registration Fee: \$35.00

Deadline: March 3, 2012

*Any registration received after March 3, 2012 will result in player being added to the "Sub List".

For late registrations: *IF* a position is available on a team, a late fee of \$10 will be assessed.

Register by mail: Please include (1) check or money order in the amount set forth above made payable to "Triad Softball League, Inc.", (2) a completed Registration Form, (3) a completed Good Sport Oath and mail to:

**Triad Softball League, Inc.
PO Box 692
Kernersville, NC
27285**