

CENTRAL OHIO 75'S SOFTBALL LEAGUE

Worthington, Ohio

PLAYER REGISTRATION FORM – 2023 SEASON

NAME: _____ (please print)

I, _____, hereby agree to participate in the softball program Offered by the "Central Ohio 75's Softball League". I acknowledge that participation in this program may involve risk of physical injury due to the game's activity. In consideration of acceptance in this program, I hereby release and forever discharge for myself, heirs, executors and administrators any and all claims To collect damages and promise not to sue the Central Ohio 75's Softball League, its managing board, and or its Team Manager or Managers, or its participating Cities and or any municipalities that may host the "Central Ohio 75's Softball League", and their representatives, agents, officials, directors, sponsors, insurers and any other individual activity with this program.

I hereby further agree to indemnify and hold the "Central Ohio 75's Softball League" and the City of Worthington, Ohio or any other participating municipalities that may host League games and activities harmless from and against any and all action, cause of action, claims, charges, demands, complaints, damages, injuries, costs, loss of services, expenses, compensation and insurer claims arising out of or account of or resulting from my participation in this said softball program.

I further represent that I am in Good Physical condition and can safely participate in this 75's Level Competitive Softball League Team Sport program.

My Name _____ Date of birth: Mo. _____ Yr. _____

Street Address _____ City _____ ZIP _____

Home Phone: _____ Cell: _____ E-mail _____

Emergency Contact: _____ Relationship _____ Phone _____

2ND Contact: _____ Relationship _____ Phone _____

Primary Care Physician's Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

In case of emergency I permit the release of the emergency information stated herein:

Heart Problems? Yes _____ NO _____ Any Medications? Yes _____ No _____ Please List: _____

Chronic Illness? Yes _____ No _____ Please State _____

Any Medical Operations, serious Illness or medical restrictions the League should know: Yes _____ No _____

Please State _____ Allergies: Yes _____ No _____

Player Registration Fee for 2023 Softball Season \$40.00. Make check payable to: CENTRAL OHIO 75's SOFTBALL LEAGUE. Return Form/Fee to Phil Peters at 4715 Cemetery Road Hilliard, OH 43026 Phone 614-499-0352

Signature Here: _____ Date: _____

For Additional Information Contact: STEVE MIDURA 740-815-9582 cell