

Serenity Softball League – Registration Form

Player Information

- **First Name:** _____
- **Last Name:** _____
- **Date of Birth (MM/DD/YYYY):** _____
- **Gender:** Female Male Other
- **Experience Level:** Beginner Intermediate Advanced

Contact Information

- **Primary Phone:** _____
- **Email Address:** _____
- **Home Address:** _____
- **City:** _____ **Postal Code:** _____

Emergency Contact

- **Name:** _____
- **Relationship to Player:** _____
- **Emergency Phone:** _____

Uniform & Equipment

- **Jersey Size:** XS S M L XL XXL
- **Preferred Jersey Number (Optional):** 1st Choice: ____ 2nd Choice: ____
- **Position(s) Played:** _____

Medical Information

- **Allergies/Medical Conditions:** _____ (e.g., Asthma, EpiPen requirements, etc.)

Waiver & Consent

By signing below, I agree to abide by the rules and regulations of Serenity Softball. I understand that softball involves physical activity and risks, and I release the league and its

organizers from liability for injuries sustained during participation. I also consent to the use of photos/videos for league promotional purposes.

Signature: _____ **Date:** _____ *(Parent/Guardian signature required if player is under 18)*

Registration Fees & Payment

- **League Fee:** \$ _____
- **Payment Method:** E-transfer Cash Other: _____
- **E-transfer Email:** *(Insert League Email Here)*