

**The Coventry Women's Slow-Pitch Softball League
Registration and Waiver Form
2010 Season**

Last Name, First Name

Date of Birth

Street Address

Home Telephone Number

City, State, Zip Code

Business Telephone Number

E-mail Address

Cell Phone Number

In Case of Emergency, Please notify:

Name: _____

Phone: _____

Returning Players Only:

Please indicate the name of your team*: _____

*Note: If you do not intend to return to the same team, you must sign a quit form. The CWSSL Executive Board reserves the right to review all transfers and trades.

All Players:

What is the last year that you played organized softball? _____

What team? _____

Any pre-existing medical conditions? _____

New Players:

What position do you play? _____

Days of the week you are available to play: M ___ T ___ W ___ T ___ F ___ S ___ S ___

WAIVER:

I hereby waive any and all claims against the Coventry Women's Slow-Pitch Softball League and the Town of Coventry, which I may or shall have in the future against the Coventry Women's Slow Pitch Softball League and the Town of Coventry, its agents or employees, for any property damage or loss, or personal injuries resulting from the recreation programs organized by the Town and League, whether or not caused by the negligence of the Town or the League and/or its employees and agents.

Due to the strenuous nature of some programs, the Town and the League strongly recommend that each person consult with their physician as to the extent of their participation.

SIGNATURE: _____

DATE: _____

Player fees are as follows:

Returning Players: \$50.00 if registration is returned postmarked on or before March 6, 2010.
\$65.00 if registration is returned postmarked after March 6, 2009.

New Players: \$65.00 at Walk-In Registration. Walk-In Registration dates:
Saturday, March 6, 2009 - 10:00 a.m. to 2:00 p.m.
Sunday, March 7, 2009 - 10:00 a.m. to 12:00 p.m.
Coventry Recreation Community Center
1277 Main Street
Coventry, RI 02816

Please remit payment in the form of a check** or money order payable to CWSSL and mail to:

**CWSSL
P.O. Box 1194
Coventry, RI 02816**

*** All returned checks will be subject to a \$25.00 fee to be paid to CWSSL by the check writer***

CWSSL reserves the right to deny membership to any returning or new members with an outstanding registration fee or returned check fee owed to CWSSL.

VISIT US AT

***** **COVENTRYWOMENSSOFTBALL.COM** *****