



Youth Registration Form

Player Information

Name _____

Age as of May 1, 2021 _____ Birthdate (Mo/Day/Year) _____

School _____ Grade _____

T-Shirt Size _____

Coach/Team Request (Optional) _____

Parent(s)/Guardian Information

Name _____

Preferred Phone Contact # _____

Email Address _____ @ _____

I would like to volunteer as a... ☐ Head Coach ☐ Assistant Coach ☐ Help when I can

Sport Registering For

K-Ball for Ages 3-4yrs Coed (\$70) ☐ Male ☐ Female

T-Ball for Ages 5-6yrs Coed (\$80) ☐ Male ☐ Female

Stillwater Softball Club Sponsored by KG Softball Camps (\$60) ☐ 8U Coach Pitch ☐ 10U Kid Pitch ☐ 12U

Baseball (\$80) ☐ 8U Coach Pitch ☐ 10U Kid Pitch ☐ 12U ☐ 14U

Flag Football (\$75) ☐ 6U ☐ 8U ☐ 10U ☐ 12U

Tennis (\$75) ☐ Session 1 ☐ Session 2 ☐ Session 3 ☐ Session 4
☐ Beginner ☐ Advanced ☐ Beginner ☐ Advanced ☐ Beginner ☐ Advanced ☐ Beginner ☐ Advanced

Basketball (\$80) October Registration

- Girls ☐ 8U ☐ 10U ☐ 12U ☐ 14U

- Boys ☐ 8U ☐ 10U ☐ 12U ☐ 14U

Shooting Stars Academy with Joey Graham ☐ December ☐ January ☐ February

Volleyball Academy (\$25 per session) ☐ Session 1 ☐ Session 2

Additional Information

For Internal Use Only

Method of Payment ☐ Cash ☐ Credit ☐ Discount ☐ Check Check # _____ Total Amount Pd _____

Waiver Signed YES / NO

Please Complete Other Side

Complete the Liability Release & Waiver Agreement

Late Registration Fee \$25

Returned Check Fee \$25



Release of Liability, Indemnification and Consent Agreement

I, the undersigned, do hereby give full consent and approval for myself or as the parent/guardian of the minor listed below to participate as a member of the teams and league listed below.

In consideration for participation in Stillwater Area Sports Assoc. (SASA) and to play on the team designated below and to play (and/or practice) on SASA fields/courts, I understand and agree to the following: In the case of the guardian of a minor, I agree to explain and enforce the rules to the minor listed below, along with assuming responsibilities and risks.

The very nature of the game is hazardous and there are certain risks of damages and injuries, including death, inherent in the practice and play of any sport, as well as in traveling in relation to such sport and in other related activities incidental to participation, and am willing to assume any and all risks, injuries and damages. These risks include, but are not limited to, those hazards associated with weather conditions, travel, playing conditions, collision with others and objects (weather stationary or moving), equipment, other participants, and sliding, which I acknowledge and understand is dangerous to my child and other players and may result in serious injury or death.

To accept and solely assume all risks of injury incurred or suffered by myself or to the minor listed below in any way (a) while practicing or playing as a member of the team designated below, (b) while serving in any non-playing capacity, and (c) while on or upon the premises of any and all of SASA's fields/courts arranged by SASA or the team or the league for play or practice.

The participant is fully capable of participating in the designated sport and am healthy and have no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as made known to SASA Directors, the coaches, and officials of the team and league.

I, do hereby waive, release, discharge, and agree not to sue SASA, the team or league designated below, the owner or operator of any field or other entity connected with SASA, the team, league, field or association for any damages, injuries, including death, sustained or incurred by myself or minor child from whatever cause, including, but not limited to the negligence, breach of contract, and/or wrongful conduct of the parties hereby released (whether in whole or in part and whether the only contributing factor or only a contributing factor).

I acknowledge the risk to have direct or indirect contact with individuals who have been exposed to and/or diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies, and/or any mutation or variation thereof does exist and it is impossible to eliminate the risk that I could become infected through contact with or close proximity to an individual with a communicable disease;

I, acknowledge that I have read and understand each and every one of the above provisions in this agreement and that by signing this I am certifying that I will fully comply with this agreement and with SASA rules and if I do not comply, I or minor child will be subject to sanctioning or removal from play at SASA's sole discretion. This agreement shall be binding on me, and upon each respective heir, legal representative, or assign.

Players Name _____
PRINT NAME SIGNATURE DATE

(If Player is a Minor)

Guardians Name _____
PRINT NAME SIGNATURE DATE