



2018 FALL BALL REGISTRATION

Deadline for Registration is August 11th
Cost—\$50 per Player

**CALL 903-849-6853 ext -8 or 903-570-6036
if you have any questions**

P. O. 425
Chandler, TX 75758

TEAM NAME _____

City _____

Coach _____

Asst Coach _____

Phone _____

Phone _____

Email _____

Email _____

PLAYERS

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

As lawful consideration for my team being permitted to participate in the Chandler Sports Association, Fall Ball, Clinic or any other activity at or through the Chandler Sports Association, I agree that neither my team nor I will make a claim against, sue, attach the property of or prosecute the Chandler Sports Association or any of or their agents, sponsors, and employees for damages for personal injury or property damage which our team may sustain as a result of my child's participation in these sporting activities. This release is intended to discharge in advance the Chandler Sports Association and their agents, sponsors, and employees from and against any and all liability, including for negligent actions, arising out of or connected in any way with my team participation in the Chandler Sports Association program, Fall Ball, clinic or any other activity except for liability that may arise out of the willful or wanton misconduct of Chandler Sports Association, and their agents, sponsors and employees.

I FURTHER UNDERSTAND THAT SPORTS INVOLVE PHYSICAL CONTACT BETWEEN PLAYERS, THAT SERIOUS ACCIDENTS OCCASIONALLY OCCUR DURING SUCH SPORTING ACTIVITIES, AND THAT PARTICIPANTS IN SUCH SPORTING ACTIVITIES OCCASIONALLY SUSTAIN SERIOUS PERSONAL INJURIES (INCLUDING DEATH) AND/OR PROPERTY DAMAGE, AS A CONSEQUENCE THEREOF. KNOWING THE RISKS OF PARTICIPATION, NEVERTHELESS, I HEREBY AGREE THAT MY TEAM ASSUMES THOSE RISKS AND RELEASE AND HOLD HARMLESS CHANDLER SPORTS ASSOCIATION AND THEIR AGENTS, SPONSORS AND EMPLOYEES WHO (THROUGH NEGLIGENCE OR CARELESSNESS) MIGHT OTHERWISE BE LIABLE TO MY TEAM (OR OUR HEIRS OR ASSIGNS) FOR DAMAGES

I attest that I am eighteen (18) years old or older and that my team is physically fit and have no known medical conditions which prohibit participation in this sport. My team and I agree to follow all laws, rules and guidelines regulating the conduct of the league, Fall Ball or clinic. I understand and agree that my team and I are responsible for the mechanical and/or operating condition of any and all sporting equipment provided by my team or by me for my team's use, and I agree that my team and I will continuously inspect and maintain all equipment used, even if we have obtained any of the equipment from Chandler Sports Association, and their agents, sponsors and/or employees.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY FOR MYSELF AND MY TEAM AND A CONTRACT BETWEEN MYSELF, MY TEAM AND CHANDLER SPORTS ASSOCIATION AND THEIR AGENTS, SPONSORS AND EMPLOYEES, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

I also agree that Chandler Sports Association and their agents, sponsors and employees may use my team's photograph in future promotions.

Team Coach

Date