



Youth Softball 2017



Name: _____ DOB: _____
Parent/Guardian: _____
Address: _____
PH: _____ Age: _____ Shirt size: _____
School/Grade: _____

- | | |
|------------------------|-----------------------|
| _____ 5/6 COED T-Ball | _____ 8 & under boys |
| _____ 8 & under girls | _____ 10 & under boys |
| _____ 10 & under girls | _____ 12 & under boys |
| _____ 12 & under girls | _____ 14 & under boys |
| _____ 14 & under girls | _____ 17 & under boys |

We need your help in the following areas:
Coach: _____
(Name/phone)

All games will be played at the Land of Wellness Softball Complex in Winnebago, Nebraska
My child listed above has my permission to participate in the Land of Wellness Youth Softball program, and do hereby release acquit and forever discharge the Winnebago Tribe of Nebraska, the Land of Wellness Softball Complex, and its agents and coaches from any and all liability whatsoever. This release covers all injuries and damages whether known or not and which maybe discovered at any time in the future all related to the athletic activities herein.

All Youth Participants will be required to complete a pre and post wellness screening this year.

Parent/Guardian Signature: _____