2025 Reach for the Stars Team Waiver

This roster/waiver form, and a copy of your team insurance must be submitted prior to your first scheduled game (either electronically or in-person at registration).

Team: _____ Age Bracket (circle one): 10U 12U

Head Coach: _____

Completing & signing this form is a certification that the parents or legal guardians of the below named players have read & accepted the following waiver & release form. This authorization recognizes and accepts all risks related to softball team activities and games, league attendance, and travel to and from those activities. This authorization also recognizes that the participant and their parents or legal guardians have read and agree to comply with the league and tournament rules and personal conduct expectations. Further by signing, as parent or legal guardian, I do hereby waive, release, absolve, indemnify, and agree to hold harmless Brookfield Fastpitch Girls Softball Club, LLC., Elmbrook School District, Brookfield Central High School, City of Brookfield, and the organizers, supervisors, officials, game fields, participants and persons transporting to and from those activities, for any claim arising out of any injury to my child/player listed because of participation or attendance in the league or tournament.

Player Name & Number:	**Birth Date:**	**Signature of Parent / Legal Guardian**
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____

By signing below, I certify that the above list of players are the appropriate age for the event and represent all the participating players on our team for this league; and the parents of my club have authorized their participation.

Head Coach Signature: _____

Head Coach Name:_____