PARENTAL APPROVAL FORM

Players under the age of 18 MUST have a parent or legal guardian sign this form.

I, parent or guardian of the below named player, in consideration of permitting said player to participate in the Sioux Falls Women's Slowpitch Association league play, do hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims I may have against the ASA, SFWSA, its sponsors, their agents or representatives, for any and all injuries or losses suffered by said player while competing in or in connection with league play. I do hereby contract and agree to hold the ASA and SFWSA harmless and to indemnify it from any injury suffered by said player.

TEAM NAME _____DIVISION _____ YEAR _____

Player's Name _____

Player's Signature _____

Date of Birth _____

Parent/Guardian Signature _____