

Red River Thunder Fastpitch
Winter Registration 2017-2018
St. Cloud, MN Dome League 12/17, 1/14, 2/4 & 2/18 2 games/date

Player's Name: _____ DOB: _____ Position(s) _____

Age as of Jan 1, 2017: _____ 2017-2018 School Grade: _____

Address: _____ City/State: _____ Zip: _____

Parent/Guardian(s) Name(s): _____

Players phone # _____ Mom's Cell # _____ Dad's Cell # _____

E-mail Address: _____

Insurance company _____ Group/policy # _____

Emergency Contact (other than parent or guardian) Name: _____

Home Phone: _____ Cell Phone 1: _____ Cell Phone 2: _____

Registration Fee

- \$90- High School and Under League
- T-Shirt Size _____

Payment Method

(REGISTRATION NOT COMPLETE WITHOUT PAYMENT)

- Cash
- Check- payable to Red River Thunder Fastpitch

Mail registration form and payment to:

Allison Hauschild
6601 57th Ave. S. Fargo, ND 58104

If you have any questions please contact:

Allison Hauschild at 701-866-4518 or Mike Oehlke at 701-367-3545 Email us at rrthunderfastpitch@gmail.com

Waiver

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program, and I agree to assume the full risk of any injuries, damages, or loss, regardless of severity, which my child/ward may sustain as a result of participating in any and all activities connected with or associated with this program.

I agree to waive and relinquish all claims I may have as a result of my child's/ward's participation in the Red River Thunder Program and against Red River Thunder, its officers, agents, servants, and employees. I do hereby fully release and discharge the Red River Thunder and its officers, agents, servants, and employees from any and all claims against injuries, damage, loss which may arise out of, connected with, or in any way associated with my child's/ward's participation in the Red River Thunder Program.

I further agree to indemnify and hold harmless and defend the Red River Thunder and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages, and losses sustained by my child/ward arising out of, connected with, or in any way associated with the activities of the Red River Thunder Program.

In the event of any emergency, I authorize the Red River Thunder Program or Red River Thunder Outlaws Officials to secure from any licensed hospital, physician, and/or other medical personnel, any treatment deemed necessary for my child's/ward's immediate care. I agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above Red River Thunder Program details, waiver, release of all claims, and permission to secure treatment.

Parent/Guardian Signature (18 and older)

Date