NORTHLAND SPORTS ALLIANCE 2009 TEAM REGISTRATION

Coach Name:

Team Name:

Home Phone:

Work/Cell Phone:

Email:

Division -

NORTHLAND BASEBALL LEAGUE ☐

COMPETITIVE SOFTBALL LEAGUE ☐

RECREATIONAL SPORTS TEAM ☐

PLAYER NAME	Birthday	Home Phone	Email	Address	Parent Signature

***** By signing this form, I hereby waive all claims for injury or accidents or liability of any kind, and all municipalities, officers, and members of the association, managers, or owners of any property involved in play, or transportation to and from all practices and games. I understand the NSA does not provide medical insurance. I further grant the NSA parties the right to use the players name, picture and/or likeness in printed, broadcast and other material concerning the programs, provided such use is related to the players status as a participant in the program.**
I verify that the information is true and accurate:

Signature of Coach **Date**