



Player Contract

601 W. 36th #2 • Anchorage, AK 99503 • (907) 272-4200 • FAX (907) 272-4207
Email: atsa@gci.net • www.anchor townsports.com

Name (Print): _____

Team Name: _____ League _____

Player Address: _____ ZIP Code _____

Phone (hm) _____ (wk) _____ (cell) _____

E-mail (optional) _____

Email address provided to receive information from ATSA regarding schedule changes rainouts and other ATSA happenings.

Email provided for team use only. I do not wish to receive emails from ATSA.

I, the undersigned player, acknowledge, agree and understand that:

1. Voluntarily and of my own free will, I elect to participate as a member of the sports team and league indicated above.
2. I understand that there are certain risks and hazards involved in participating in sports that may result in injury or death to me or other players, including, but not limited to, those hazards associated with weather conditions, playing conditions, equipment and other participants.
3. I understand that sliding into bases is dangerous to me and to other players and may result in serious injury or death.
4. I understand that the very nature of the games of softball, baseball and volleyball is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding and catching of the ball; the swinging of the bat; running, jumping, stretching, sliding, and diving; and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players. Further, I, the undersigned player, agree that in consideration for the right to play as a member of the team designated above and in consideration for permission to play on the fields or courts arranged for by the team or league:
 - A. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (1) while practicing or playing as a member of the team so designated, (2) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and (3) while on or upon the premises of any and all of the fields arranged for by my team or league for practice or play.
 - B. I release, discharge and agree not to sue the team and league designated above, the field owner or other entity designated below, the National Softball Association, or their owners, officers, agents, servants, associates, employees, or any person or entity connected with the team, league, field or National Softball Association for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

Player Signature: _____ Date: _____

Parent/Guardian Signature: _____

Requested jersey # _____

Team Manager Signature: _____

Jersey size _____

ATSA Agent: _____ Amount Paid: _____ Date: _____ Receipt No. _____