

**Crispin's House Coalition for Youth 15th Annual
One-Pitch-Slow-Pitch Softball Tournament Registration Form**

Player's Name: _____ Team Name: _____

Address: _____

City/Town: _____ Zip Code: _____

Date of Birth: ____/____/____ Age: _____ Home Phone _____

Email: _____

I, the undersigned, do hereby hold harmless and indemnify Crispin's House Coalition for Youth Inc. and Goffstown Junior Baseball, their directors, officers, employees, sponsors, umpires and volunteers from all liability, for any and all loss or damage, and any claim or damages resulting therefore, on account of injury which may incur to me or my child while playing in the 15th Annual CHCY One-Pitch Softball Tournament on August 5, 2017.

Player's Signature: _____

Parent's Signature if under 18: _____

Emergency contact number: _____

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