



**New Life Assembly
2013 Co-Ed Baseball League
Registration & Waiver Form**

Name: _____
(Print please)

Contact Phone # - Home: _____

Cell or Work Phone #: _____

email: _____
(Please print clearly)

Emergency Contact Person: _____

Phone #: _____

**** Registration Fee \$30.00 (Payable prior to playing first game)**

I, hereby accept responsibility for all accidents and/or incidents that may involve me or my family members in any way. I will not hold New Life Assembly, their church staff or members liable for any such accidents or incidents.

Signature: _____

Date: _____

**** This waiver/registration form must be signed and registration fee must be paid to NLA prior to playing the first game. If you are under 18 years of age this must be signed by a parent/guardian.**