

LONG ISLAND LADY DUCKS SOFTBALL  
PO Box 1123 Commack NY 11725  
Office Phone/Fax631-858-1132  
[www.ducksbaseball.org](http://www.ducksbaseball.org)

Player \_\_\_\_\_  
Date Of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Email Contact \_\_\_\_\_  
Home # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_  
Team; 12u \_\_\_\_\_ 14u \_\_\_\_\_ 16u \_\_\_\_\_ 18u \_\_\_\_\_

Season ; Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Winter \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_  
Cell # \_\_\_\_\_

I, the parent or guardian of the above named player on the long island lady ducks softball club, hereby give my approval to their participation in any and all club activities during the season , I assume all risks and hazards incidental to such participation , and I hereby waive , release , absolve , indemnify and agree to hold harmless the long island jr ducks baseball organization/ long island lady ducks softball and its coaches and all sponsors. I also understand the commitment level both morally & financially and fully understand organizations refund policy written in my code of conduct!

PARENTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Top Size \_\_\_\_\_ Preferred Number Choices \_\_\_\_\_

Shorts Size \_\_\_\_\_