



2017 Softball Player Open Division Registration

This form is to be used ONLY with a player whose team registration is being paid for by his/her sponsoring company in ONE bulk payment.

Cost: \$25 per person

Checks made payable to "Cranberry CUP"

Softball participants must be 18 years of age or older as of the first day of the tournament.

Participant:

Name	Age (as of August 5, 2017)	Open Division Team Name

Street Address: _____ City/state/zip _____

Phone: _____ Email: _____

NOTE: Street address, city, phone number and email address MUST be that of the individual registering, NOT the company/team that they are playing for. If left blank, player will be ineligible to play.

Waiver: I, intending to be legally bound, do hereby, for myself, my heirs, executors and/or administrators, waive and release the Cranberry CUP organization, CUP board members and Cranberry Township from all claims for damages that may accrue against all sponsors of the event, any and all contractors, their employees, representatives, agents and heirs from any and all injuries that may be suffered by me at or en route to the event. I attest that I am physically fit and sufficiently trained for this event. I will assume my own medical and emergency expenses in the event of an accident or other incapacity or injury resulting from or occurring in my participation. I acknowledge that I have read and understand the above and, in consideration of this being an amateur event, I release the rights to any and all photographic material, motion picture, videotape recording, and/or computer information organizers may wish to release for this event without obligation to me.

Signature of Participant: _____ Date: _____

For additional information contact: Tom Hineman, hinemate@gmail.com

Please mail registration form and check to:

**Cranberry CUP
PO Box 1614
Cranberry Twp, PA 16066**