



## Division Change Request and Wavier of Liability St. Clair Shores Baseball Softball Association

I/we, the undersigned, request, as legal parent(s) and or guardian(s) of

\_\_\_\_\_  
Print Childs Name

that he/she, be considered to play in the \_\_\_\_\_ division for the \_\_\_ season. I understand that there are certain risks and dangers by allowing my son/daughter to compete with children older than he/she. I understand that the very nature of the game of baseball/softball 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, diving and collisions with other players and objects, all of which can cause serious injury or death to my child and to other players.

On behalf of myself and my child I do voluntarily elect to accept and solely assume all risk of injuries incurred or suffered by my child while playing in and hereby certify that my child is fully capable of participation in the aforementioned division.

I further agree on behalf of myself and my child, that I shall hold harmless and fully indemnify the St. Clair Shores Baseball Softball Association, its officers, division directors, managers, officials, and the City of St. Clair Shores, for injuries, claims, damages and costs that might occur because of this request. I understand this request is only valid for this current season and the St. Clair Shores Baseball Softball Association reserves the right to revoke this request at anytime.

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THE WAIVER AGREEMENT AND AGREE TO ABIDE BY THEM.**

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Approved \_\_\_\_\_ Denied \_\_\_\_\_

\_\_\_\_\_  
St. Clair Shores Board of Directors Representative

\_\_\_\_\_  
Date

Routing: Original – SCSBSA, copies – Parent of Guardian, Division Director, Team Manager