



NLS Registration Form

Player Information

Player Name _____

Age _____ Date of Birth _____ Grade _____

Jersey Size _____ Preferred Jersey # _____

Parent Information

Parents' Names _____

Phone _____

Email _____

Street _____

City _____ Zip _____

Additional Information

Allergies? _____

Physical conditions of which the staff should be aware? _____

I give to North Lakeland Softball the absolute right and permission to take, use, re-use, publish, and re-publish photographic, video images and/or audio records taken at the identified event above. These may be used for, but not limited to, purposes of marketing, advertising, and fundraising. This includes any medium for publicity purposes, but is not limited to newspaper, magazine, Web content, Facebook, and Social Media.

I understand that there are local and regional media outlets, including newspapers and television, present at this event who may also publish or broadcast video images and/or audio records taken this season.

I hereby release North Lakeland Softball from any and all claims and demands arising out of or in connection with the creation and use of these photographic images and or video/audio recordings. This authorization shall also inure to the benefit of the legal representatives, licenses, and assigns of the parties.

Initial Here to Consent _____

Parent Signature _____

League Use Only

Payment Amount Received _____

Payment Method _____

Logged in SportsConnect? _____