

MADERA LITTLE LEAGUE

SOFTBALL

2024 ELOP Registration Form

Application Must be complete

Player Name:	_____	ID#:	_____	Grade :	_____
	First Name		Last Name		
Address:	_____	City: Madera	_____	Zip:	_____
Parent's Name:	_____	Email:	_____		
Parent Signature :	_____	Cell:	_____		
School Attending:	_____	Pyramid:	Blue	Purple	Red

MADERA UNIFIED SCHOOL DISTRICT

Release Form

As the parent/guardian of _____ (please print), I hereby give my permission for his/her participation in Madera Little League Softball. I assume all risks, and hazards incidental to the conduct of the activities aforementioned, and transportation to and from said activity. I understand that Madera Unified School District has covered all financial fees including but not limited to: registration, uniforms, equipment, and umpires. I do further release, absolve, indemnify, and hold harmless the Madera Unified School District, its organizers, sponsors, and its leaders, any or all of them. In case of an injury to my child, I hereby waive all claims against its organizers, sponsors, or any of its leaders appointed by them. It is further understood that Madera Unified School District will not provide insurance.

(Please sign): _____
Parent/Guardian Signature Date
