CENTRAL ILLINOIS SPORTS LEAGUE (CISL) APPLICATION

THIS FORM MUST BE COMPLETED BY ALL PLAYERS IN THE CISL LEAGUE FOR THE FIRST TIME (AGES 7 AND UP). THIS APPLICATION REMAINS ON FILE AND ONLY SHALL BE COMPLETED ONCE.

(Please Print In Ink)

Male _____ Female _____

Name of Player _____
First Middle Last

Date of Birth _____
Month Day Year

Address _____

I, the undersigned parent or legal guardian of the above minor, do hereby consent and agree that said minor may participate in the Central Illinois Sports League, may it be baseball or softball or any other sport sponsored by said organization. It is agreed that said organization or sponsors assume no legal liability for said injuries or other loss as a result of such participation. It is further agreed that this consent shall remain in full force and effect until such time as the undersigned parent or legal guardian shall notify the Central Illinois Sports League in writing of the abrogation or cancellation of this contract.

_____ _____
Player's Signature Parent or Legal Guardian Signature

_____ _____
Witnessed by Manager or Coach Date