



# 2010 High School Softball Coaching Interest Form

Name:							
School:							
School Address:							
City:		Zip:		School County:			
Home Address:							
City:		Zip:					
Home Phone #:	( )	School Phone #:	( )	Region:	(see map)		
Cell Phone #:	( )	Conference:					
Number of years as a high school <b>head</b> softball coach:		Circle:	1A	2A	3A	4A	Independent
E-mail Address:							

**Yes - I would like to be considered as a coach for the 2010 State Games of North Carolina High School Softball tournament.**

***Please check the appropriate boxes if you are selected to coach in the State Games:***

**Send all mailed correspondence to my:**

*(Note: The school year ends before the State Games.)*

Home       School

**Which phone number(s) would you like published in our printed materials that will be mailed statewide to high school coaches:**

*(Note: The school year ends before the State Games.)*

Home       School       Cell

**Would you like your email address published for the players and coaches to use to correspond with you?**

*(Note: The school year ends before the State Games.)*

Yes       No

***If you are interested in coaching, you must sign the Agreement to Participate on the reverse side.***

**This form must be received in the State Games office on or before January 8th. You may fax the form (both sides) to 919-361-2559, or mail it to: State Games - HS Softball, 406 Blackwell St, Suite 120, Durham, NC, 27701**



In consideration of being allowed to participate in any way in the STATE GAMES OF NORTH CAROLINA athletic/sports program and its related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS NORTH CAROLINA AMATEUR SPORTS, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

X \_\_\_\_\_  
PRINTED NAME OF PARTICIPANT PARTICIPANT’S SIGNATURE DATE

**FOR PARTICIPANTS OF MINORITY AGE**  
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child’s involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X \_\_\_\_\_  
PARENT/GUARDIAN’S SIGNATURE EMERGENCY PHONE # DATE