

# UNIVERSAL FASTPITCH SOFTBALL

Players Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
\_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_

In case of emergency: \_\_\_\_\_

Alt. Emergency Contact: \_\_\_\_\_

Alt. Contact name Phone Number: \_\_\_\_\_  
\_\_\_\_\_

## ***Release of Liability***

As the parent or legal guardian of the above named player, I hereby grant permission for my child to participate in all team workouts and team activities. These activities involve, but are not limited to, practices, workouts, tournaments, fundraisers, parties, or other UNIVERSAL FASTPITCH events.

I understand that accidental injuries to my child can result while participating in any of these activities. I agree not to hold any UNIVERSAL FASTPITCH teams, its coaches, and its organization responsible. This release form is in effect from the date signed until December 31, 2016.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/ Legal guardian**

## ***Authorization to Treat a Minor***

As the parent or legal guardian of the above named player, I hereby authorize the leaders of the team to render first aid to my child, should the need arise.

In the event of an emergency, I also authorize the physician, selected by an adult leader of the team, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed.

Present Medications: \_\_\_\_\_ Medical issues: \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_ Policy# \_\_\_\_\_

Dr's Name: \_\_\_\_\_ Dr's Phone# \_\_\_\_\_

The authorization is in effect from date signed until December 31, 2016.

**Signature Parent/ Legal Guardian :** \_\_\_\_\_ **Date:** \_\_\_\_\_