

Goodhue Baseball/Softball Association Emergency Form and Waiver

*****Parents need to sign this form before players participate in a practice or game.*****

PLEASE PRINT CLEARLY ~ THANK YOU!

Players Name:
Players Date of Birth:
Players Address:
Players Current Grade: 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10
Parent Name:
Parent Phone Number:
Parent Email:
Parent Name:
Parent Phone Number:
Parent Email:
Player Allergies and or Health Concerns:

With full knowledge of the risks of injury in the game of baseball/softball, I hereby authorize, the coaches to administer emergency medical treatment to the Registrant, for any injury or other medical emergency while participating in or attending baseball/softball. The Registrant and I (if parent or legal guardian) hereby release, hold harmless and indemnify the above-listed persons of any injury or damage related to administration of emergency medical care as authorized herein.

Parent Signature: _____ Date: _____