



Player Information and Waiver

Name: _____ Birthdate: _____ Preferred Jersey #s _____

School: _____ Grade: _____ Position(s) _____

Parent 1: _____ Email: _____ Cell _____

Parent 2: _____ Email _____ Cell _____

Address: _____

Emergency Contact: _____ Relationship to player _____

High School Students :

Grad Year _____ Player Email: _____ Cell#: _____

Intended Major: _____ Committed to a College?: _____

GPA: _____ SAT: _____ ACT: _____ Height: _____ Weight: _____

Throws: (circle) **L** or **R** Bats: (Circle) **L** or **R** Home to 1st _____ Home to Home _____

List the teams you have played for in the past along with the year: (travel ball or recreation leagues)

Does player have any special medical conditions that could require attention on the field?
(allergies, physical conditions, etc.) _____

Please list any allergies or medical conditions (include medication allergies)

Activity: Junior Olympic Girls Fastpitch Softball Team

Participant and Parental Consent: In consideration for being permitted by the Foothill Gold to participate in the above activity, I do hereby waive, release and discharge any and all claims for personal injury, death or property damage which I may have, or which may hereafter occur to me or my minor child as a result to participation in such activity. This release is intended to discharge in advance the Foothill Gold, its officers, coaches and agents from any and all liability arising which are connected to the participation of the persons or entities mentioned above. It is understood that the activity involves an element of risk and danger of accidents and knowing these I do hereby assume these risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and hold the above persons and entities free and harmless from any loss, liability, or damage that I may sustain while participating in said activity. I do hereby consent that my legal dependant will be allowed to participate in the above and hereby execute this agreement on her behalf.

Medical Treatment Authorization: In the event of injury or illness to my legal dependant, I hereby grant authority to a qualified physician to render such medical treatment as said physician deems necessary under the circumstances and I will be responsible for all charges not paid by insurance coverage. If I am unable to be reached, please contact:

Name	Relationship	Phone
Insurance Carrier	Group #	Medical ID#
Parent/Guardian Signature	Dated	