



PLAYERS NAME \_\_\_\_\_ GRAD YEAR \_\_\_\_\_

ADDRESS \_\_\_\_\_

DOB \_\_\_\_\_ PLAYERS CELL # \_\_\_\_\_ EMAIL \_\_\_\_\_

MOTHER/GUARDIAN \_\_\_\_\_ EMAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

FATHER/GUARDIAN \_\_\_\_\_ EMAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

PREVIOUS TEAM \_\_\_\_\_

POSITIONS PLAYED \_\_\_\_\_

POSITION OF INTEREST \_\_\_\_\_

BATS \_\_\_\_\_ THROWS \_\_\_\_\_ BUNT/SLAP \_\_\_\_\_

BATTING COACH \_\_\_\_\_ PITCHING COACH \_\_\_\_\_

Medical issues \_\_\_\_\_

LIABILITY WAIVER: The undersign parent/guardian understands that the team will carry health and accident insurance to cover the girls while playing softball. This policy is secondary to the parent/guardian's personal major medical insurance.

The undersigned parent/guardian agrees not hold the team officers, coaches, or any other agencies and/or individuals liable for any injury incurred by the players or her family during tryouts, practices, tournaments, and scrimmages or to and from same. By signing below you acknowledge that he or she as parent/guardian of player has received, read and fully understands and agrees to all the terms and conditions of this waiver. ***Softball has a certain amount of inherent danger or risk involved.***

***ALL PLAYERS AND PARENTS HAVE READ AND AGREE WITH TEAM RULES.***

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Player Signature \_\_\_\_\_ Date \_\_\_\_\_