

# East County Diehards Softball Organization



## Registration, Consent for Treatment to Minors and Release of Liability Form

Registration Date: \_\_\_\_\_

Diehards Team: *(circle one)*

10U    12U    14U    16U    18U    18Gold

### PLAYER INFORMATION

Player Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_ School: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Player's E-Mail: \_\_\_\_\_

Bats: R or L Slapper: Yes or No Throws: R or L Positions Played: \_\_\_\_\_

List Softball Experience (include team, age group, year): \_\_\_\_\_

### PARENT INFORMATION

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Cell #: \_\_\_\_\_ Mother's Cell #: \_\_\_\_\_

Father's E-mail: \_\_\_\_\_ Mother's E-mail: \_\_\_\_\_

### Consent for Treatment to Minors and Release of Liability Form

Player's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Allergies: \_\_\_\_\_ Current Medication: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Group/Plan #: \_\_\_\_\_

The undersigned, the parent(s) or legal guardian(s) of the above-named minor, hereby authorize my child's coach or any other official of the East County Diehards to consent to any medical examination or treatment, including hospitalization and/or surgery, which is deemed advisable, appropriate or necessary by any duly licensed physician, emergency medical technician, paramedic or other medical practitioner in order to properly care for my child in the event she sustains injury or is suffering from any illness during the course of any playing or non-playing activities of the East County Diehards; provided, however, the foregoing consent or authorization shall be valid only in a situation where a parent or legal guardian of the above-named minor is not reasonably available to provide the necessary consent to medical treatment.

I also give my permission for my child to represent the East County Diehards, a competitive Softball team, and to accompany her team to any of its local or out of town tournaments, games or practices. In the event my child is injured or becomes ill during the course of any playing or non-playing activities of the East County Diehards, I hereby authorize her coach or any other official of the East County Diehards to administer or obtain appropriate first aid and, if necessary, to transport my child to a physician or hospital for further treatment. I hereby consent to my child's participation in any and all activities of the East County Diehards, and I agree to release, indemnify and hold harmless the East County Diehards Softball Organization, and its officers, directors and agents, from and against any liability of any kind arising out of the activities of the East County Diehards or transportation to and from such activities. I understand that the medical insurance provided by the East County Diehards affords only excess or secondary coverage, which would apply only after other medical insurance providing coverage for my child has been resorted to. I further understand that the coverage provided by the East County Diehards may have a deductible amount.

I understand that participation in competitive athletics involves risk of physical injury or death which cannot be totally eliminated. However, players may reduce such risk by following a proper conditioning program, wearing or using helmets and other appropriate safety equipment, and properly reporting any injury to their coaches. In allowing my child to participate in the activities of the East County Diehards, I understand that we are expressly assuming the risks referred to above and releasing the East County Diehards from any and all liability arising out of or in any related to the activities giving rise to such risks.

Signature of Parent(s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_