

PALO ALTO GIRLS SOFTBALL 2016 PLAYER LIABILITY & MEDICAL RELEASE



You must complete and sign this waiver or your daughter will not be allowed to practice or play. The coach will print and have this form with him/her at all times.

PLAYER: LAST NAME: _____
FIRST NAME: _____
DATE OF BIRTH: _____

PARENT 1: NAME : _____
ADDRESS (City, St, Zip) : _____
EMAIL: _____
CELL: _____ OTHER PHONE: _____

PARENT 2: NAME : _____
EMAIL: _____
CELL: _____ OTHER PHONE: _____

MEDICAL: PHYSICIAN: _____
PHONE: _____
Medical Policy Name: _____
Policy Number: _____

Medical Conditions coaches should know about: _____

MEDICAL RELEASE / LIABILITY WAIVER:

As the Parent/Guardian(s) of the player named herein, I (we) acknowledge that participation in Palo Alto Girls Softball, as in any sport, may result in injury. I / we hereby release Palo Alto Girls Softball (PAGS), its members, agents, officers, coaches, managers, and players from all liability or responsibility for any claim, damage, or legal action on behalf of the player or the player's parents, their or personal representative arising from any injury the player may sustain while participating in PAGS softball. I / we hereby authorize, in the event of injury, any representative of PAGS to obtain whatever medical attention is deemed necessary for my / our daughter/ward. I / we hereby authorize any qualified medical practitioner to render such emergency medical treatment that he/she deems necessary for my / our daughter/ward. I / we hereby state that my daughter/ward is in good health and is physically able to play girls softball.

Signature: _____ Date: _____

Print Name: _____