

Groveland Youth Softball Registration Form 2010

Player's Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Parent's E-Mail Address: _____

Current Grade: _____ Parents/Guardians: _____

Emergency Phone: _____ Contact Name: _____

Insurance Company Name and #: _____

Medical problems or an allergy that coaches that need to be aware of: _____

Medications: _____

Release Form

In case of injury, I the undersigned parent/guardian waive and release any and all rights and claims for losses and damages I may have against the Groveland Recreation Commission, their representatives, successors and assigns for any and all injuries suffered by my child during this program

Parent/Guardian Signature: _____ Date: _____

In case of emergency, where all reasonable efforts have been made to contact me, I give my permission to seek medical help and/or adminstrate medical treatment to my child.

Parent/Guardian Signature: _____ Date: _____

Did your daughter play softball last year? YES NO If yes, team name: _____

Your Daughter's Shirt Size(circle) : S M L XL **Please circle one size :** CHILD or ADULT

Are you or your spouse interested in helping coach your team? YES NO

If yes, please list name and contact information:

For Administrative Use Only

Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	Amount Received \$ _____
# of children registered 1 2 3 4	Notes: _____