

Seattle FastPitch Club

2400 NW 80th St. #125, Seattle, WA 98117-4449

Parental/Guardian Waiver, Release of Liability, and Medical Release Form

I, the parent or legal guardian of _____, (birth date: _____) a participant in a team of the Seattle FastPitch Club hereby give my approval to the child's participation in any and all team and league activities through the end of 2012.

I assume all risks and hazards incidental to such activities; and I do hereby waive, release, absolve, and indemnify the organizers, sponsors, supervisors, coaches, assigns, Club officers and the board of directors and persons transporting my child to or from such activities for any claim arising out of an injury to my child.

I hereby authorize any duly authorized doctor, emergency medical technician, hospital or other medical facility to treat my child named above, for the purpose of attempting to treat or relieve any injuries received by said minor while she was a participant or observer in any game, practice, activity or travel to or from a game, practice or activity of the Seattle FastPitch Softball Club or any successor organization.

I authorize any licensed physician to perform any procedure which he/she deems advisable in attempting to treat or relieve any injuries or an unhealthy conditions of said minor that he/she may encounter during any necessary operation.

I consent to the administration of anesthesia as deemed advisable by any licensed physician.

I recognize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and assume any such risk on behalf of myself and said minor.

I acknowledge that no warranty is being made as to the results of any treatment.

I hereby give my permission for any and all medical attention necessary to be administered to my child in the event of any accident, injury sickness, etc., under the direction of any coach of the Seattle FastPitch Softball Club or any successor organization or their assigns until such time as I may be contacted. I also hereby assume the responsibility for payment of any such treatment.

Health Insurance Information: Player Doctor: _____ **Clinic:** _____ **Phone:** _____

Health Insurer: _____ **I.D. Number:** _____

My daughter has allergies or other medical restrictions: YES NO

If yes, please list medical diagnosis, including, but not limited to, food allergies and those requiring maintenance medication (diabetic, asthma, seizure):

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Emergency Contact Information: _____ **Relationship** _____ **Phone #:** _____

Emergency Contact Information: _____ **Relationship** _____ **Phone #:** _____

Signed: _____ **Relationship** _____ **Date:** _____

Try -out Registration Form
Try-Out Number _____

Player First Name: _____ Last Name: _____ MI: _____
Date of Birth: _____ Age as of January 1, 2012 _____
Player Address: _____ City: _____ State: WA Zip: _____

School attending in Fall: _____
Parent/Guardian: _____ Home Ph #: _____ Cell Ph #: _____
Work Ph #: _____ Email: _____
Parent/Guardian: _____ Home Ph #: _____ Cell Ph #: _____
Work Ph #: _____ Email: _____

Previous two teams: 1) _____ 2) _____
Positions played: _____ Two preferred
positions: 1) _____ 2) _____ Bats: _____
Throws: _____

Please tell us how you learned about Seattle Fastpitch Club:

Why do you want to play for Seattle Fastpitch?

Volunteer Opportunities:

The success of SFC depends on the volunteers who help with the behind the scenes work. We ask that each parent/guardian try to volunteer in some way. Please indicate below how you would like to help the team and Club:

- Clerical/Admin Help Club Website Graphics Design Uniforms
- Field Preparation Fundraising Promotion Pre-Game Help
- Equipment manager Coaching Carpool Coordination Food Coordination
- Score Keeping Practice/Clinics Setup Other: _____

I would like to make a donation to the Scholarship program. ___ yes _____ amount

Please inform the club if your company does matching funds.