



**Player
Registration
Form
2011 Season**
Form Revised:
12/01/09

TEAM NAME: _____
SGFSA USE ONLY
Age on December 31, 2010: _____
Fee Received: _____
Birth Certificate Received: _____

Spokane Girls Fastpitch Softball Association
P.O. Box 10326
Spokane, WA 99209
www.spokanegirlsfastpitch.com

Please PRINT to ensure legibility

Player Name _____	Birthdate: _____
Parent(s)/Guardian(s) _____	_____
Address: _____	City: _____
	State: _____ Zip Code _____
Home Phone: _____ Work: _____	Cell : _____
School: _____	HS Grad Year: _____
Email Address: _____	_____
*Committed to the following team for the 2011 Season: _____	

**Please note that once you sign this SGFSA Player Registration Form, you are committed to this team through the end of 2011 SGFSA season. You are not to have contact with any other SGFSA coach for the purposes of playing on their team, nor can any coach from another SGFSA team have any contact with you regarding playing softball for their team through the 2011 season. If, for any reason, the player wants to be released from this contract, the player will need to get a release, in writing, from the head coach of the team the player is committed to. Please be advised that it is the policy of the SGFSA that it is the head coach's decision whether or not to release you.*

Signature of Player: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

Signature of Team Manager and/or Head Coach: _____ **Date:** _____



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EMERGENCY AUTHORIZATION AND RELEASE
2011 Season

(Form Revised 12/01/09)

Player Name: _____

Parent(s)/Guardian(s): _____ SGFSA Team: _____

First Emergency Contact (Names & Telephone Numbers): _____

Second Contact: _____

EMERGENCY AUTHORIZATION

We, the undersigned parent(s)/guardian(s) of the above-named player, a minor, do hereby give the coach and assistant coaches of the SPOKANE GIRLS' FASTPITCH SOFTBALL ASSOCIATION team, or any team parent acting in the capacity of activity supervisors/vehicle drivers, legal authorization to consent to medical/surgical/dental examination, treatment, etc. required by said player and to sign for her subsequent release from the treating facility. In case of an emergency, we authorize treatment and/or care at ANY hospital.

Does this player have any history of respiratory illness or allergies? Yes No

If so, please state those problems in detail (specific medication involved, reaction, any other vital information): _____

Our medical insurance is (include any information needed to obtain medical treatment): _____

List any medications taken regularly: _____

If you wish a family doctor be contacted in case of an emergency, please list the name and phone number: _____

RELEASE OF ALL CLAIMS

We, the undersigned parent(s)/guardian(s) of the above-named player, a minor, are aware that the game of fastpitch softball from time to time may involve physical contact and exertion that our child will be subjected to during practices and games. We are also aware that injuries sometimes occur during the course of practices or games, and we have discussed this with our child. In consideration of, and as part payment for allowing our child to participate in the activities of girls fastpitch softball, we have and do hereby assume all risks of personal injury which may occur to our child and agree to hold all coaches and any one involved with the SPOKANE GIRLS' FASTPITCH SOFTBALL ASSOCIATION harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise out of or in connection with your child's participation in any activities arranged for our child by the SPOKANE GIRLS' FASTPITCH SOFTBALL ASSOCIATION and its sponsors. The terms hereof shall serve as a release and assumption of risk for our heirs, executors and administrators and for all members of our family with respect to any claim which we may have arising out of or in connection with our child's participation in any activities arranged for our child by the SPOKANE GIRLS' FASTPITCH SOFTBALL ASSOCIATION or its sponsors.

LEGAL AUTHORIZATION FOR EMERGENCY CARE
AND ACKNOWLEDGEMENT OF RELEASE OF ALL CLAIMS STATEMENT

Signature of Player: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____