

Blaze Fastpitch Tryout - Player/Parent Information

Registration Number		Player's Name			Date of Birth		Age			
Mother's Name			Father's Name							
Home Phone #		Player's Cell #		Mother's Cell #		Father's Cell #				
Parent's E-mail Address				Player's E-mail Address						
Preferred Positions					Team(s) Trying Out For					
1)		2)		3)		10U	12U	14U	16U	18U
								18A		

If trying out for more than one team list teams in order of preference

1)	2)	3)	
----	----	----	--



www.blazefastpitch.org

Berthoud Fastpitch Softball Association

MEDICAL WAIVER

Player's Name: _____

Consent for Medical Treatment (Minor)

As a parent or legal guardian of the player named above, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature of Parent or Guardian _____ Date _____

Consent for Release to Coach (Minor)

As a parent or legal guardian of the player named above, I hereby give my consent for emergency personnel to release my child to the care of her coach/coaches or team rep if her condition is such that transportation to a medical care facility is not necessary or if her condition is such that transportation to a medical care facility via ambulance is not necessary to preserve the life, limb or well-being of my dependent.

Authorized Coaches & Team Rep include: _____

Signature of Parent or Guardian _____ Date _____

Liability Waiver

The risk of injury from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce the risk, the risk does exist; and I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS, any person involved with The Berthoud Blaze Association with respect to any and all injury, disability, death, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I take full responsibility for costs incurred during any medical treatment necessary for my dependent while in the care of The Berthoud Blaze coaches and/or team rep.

Signature of Parent or Guardian _____ Date _____