

2012-2013 Connecticut Seahawks

Player Information

Last Name _____ First Name _____ DOB _____

Address _____ Home Phone _____

City _____ ST _____ Zip Code _____

Parent Information

Mother's Name _____ Father's Name _____

Mother's Cell _____ Father's Cell _____

Email Address _____

Medical Information

Emergency Contact _____ Phone(s) _____

Doctor Name _____ Phone _____ Insured With _____

Prescriptions or Allergies _____

Participation in Seahawk Softball requires the ability to run, throw, swing a bat, catch a ball and to understand the rules of the game. Does your child have any condition that limits her ability to participate in this activity? Yes ___ No ___
IF YES, please explain, and identify any modification that will enable your child to play.

Parent Authorization

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by another physician who is available.

I/We the parent(s) of the above-named candidate for a position on the Connecticut Seahawk Softball team hereby give my/our approval to participate in any and all Connecticut Seahawk activities, which may include providing transportation to and from the activities.

I/We know that participation in softball may result in serious injuries, and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the Connecticut Seahawk Softball, any tournament or League organizers, sponsors, participants, and persons transporting my child to and from activities for any claim arising out of injury to my child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

I will furnish a copy of a certified birth certificate of the above candidate to Connecticut Seahawk Officials.

I am fully aware that if the above named player is accepted to the Connecticut Seahawks for the above mentioned season date any fees associated with participating would and will be non-refundable under any and all circumstances.

Parent(s) or Guardian(s) Signature _____ Date ____/____/____
