

**PAL NORTH BREVARD BLAZE GIRLS
FASTPITCH SOFTBALL REGISTRATION FORM**

LAST NAME

LAST NAME _____ FIRST NAME _____
(players) (players)

ADDRESS _____

CITY _____ ZIP _____

AGE _____ BIRTH DATE _____ GRADE _____ SCHOOL _____

UNIFORM SIZE: T-SHIRT SIZE: _____ WARM UPS: _____
Jersey _____ Adult (circle one)
Pants _____ Youth SHOE SIZE: _____

PARENT/GUARDIAN NAME _____ PHONE # _____

PARENT/GUARDIAN NAME _____ PHONE # _____

PARENT/GUARDIAN WORK # _____

PARENT/GUARDIAN WORK # _____

E-MAIL ADDRESS _____

EMERGENCY CONTACT: Name _____ Phone # _____

MEDICAL INFO:

DOCTORS NAME _____ PHONE # _____

ALLERGIES, MEDICAL CONDITIONS, CHRONIC INJURIES, ETC. _____

FIRST NAME

Parent/Guardian Medical Authorization, Indemnity and Medical Coverage Assurance

I understand that our child is participating in a softball program and that it is possible that our child could suffer an injury that requires medical attention at a time when we are not present. We hereby authorize and approve any medical treatment for our child and appoint any coach on our child's team, or board member of The PAL North Brevard Blaze Girls Fastpitch Softball aka PAL North Brevard Blaze as an agent to authorize medical treatment for our child in the event the same is deemed necessary and neither parent of our child is available to approve such treatment. We hereby hold PAL North Brevard Blaze Girls Fastpitch Softball organization together with its coaches and agents harmless from any action or decision and indemnify them from any claims or action arising out of any acts of judgement which they exercise relative to the care, treatment or other authorizations given by them for the medical treatment of our child. I give my approval for the participation of our child in this softball program. I hereby release and agree to indemnify, hold harmless and defend PAL North Brevard Blaze Girls Fastpitch Softball organization, its instructors, coaches, and agents from any liability and the expense of defending against the same on account of any claim for injury asserted by, on behalf of or against my child or children whether those injuries arise from participation in the sport or during treatment as authorized by this form.

Signature of parent or legal guardian:

_____ Date: _____