

INTER-LAKES PRIDE FASTPITCH

PLAYER PROFILE INFORMATION

PLAYER NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PLAYER DATE OF BIRTH: _____ **(WE WILL NEED A BIRTH CERTIFICATE)**

PARENT/GUARDIAN CONTACT INFORMATION

NAME: _____ **CELL:** _____

NAME: _____ **CELL:** _____

I, as Parent/Guardian of the above listed player, hereby assume all risks and hazards incidental to participation on the InterLakes Pride Travel Softball team, including transportation to and from activities, and do hereby waive, release, absolve, indemnify and agree to hold harmless the InterLakes Pride organization, the organizers, sponsors, supervisors, participants, coaches and persons transporting the players to and from activities for any claim arising out of an injury to the player, except to the extent and amount covered by the accident and/or liability insurance held by the team. I also grant permission to managing personnel or other organizational representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in organizational activities, away from home, or at other times when neither parent nor guardian is available to grant authorization for emergency treatment.

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

In the event medical assistance is required, please list any medical concerns, allergies and/or afflictions as well as the hospital and/or Doctor to be contacted.

Allergies/Afflictions: _____

Hospital: _____ Doctor _____

Insurance Company: _____ Policy # _____

Group #: _____