

TSRL MINOR WAIVER AND REGISTRATION FORM



Minor Player's Last Name _____ First Name _____
Date of Birth ____/____/____ Sex: Male ____ Female ____
Telephone _____ E-mail _____ Parent's Names _____
Team Name _____

Emergency Medical Information:

Physician's Name _____ Tel _____
Insurance Provider: _____ Policy Number: _____
Hospital of Choice: _____

List any medical conditions or prohibitions that TSRL should be aware of:

Person to notify in an emergency _____ Tel _____
Alternate person: _____ Tel _____

Consent for medical treatment:

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

RELEASE:

I, the parent, or guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the TSRL, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with softball and in consideration of the TSRL accepting the registrant for its softball program and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify the TSRL, its affiliated organizations and sponsors, their employees and associated personnel, including the Owners of fields and facilities utilized for the Program, as well as the umpiring association, its employees and associated staff, its Softball Board of Directors and Coaches against any claim by or on behalf of the registrant as a result of their participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

THE PARENTOR GUARDIAN HAS READ AND VOLUNTARILY SIGNS THE WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT AND DOES SO VOLUNTARILY. I HAVE READ THIS RELEASE Father/Mother/Guardian

TSRL ASSUME NO RESPONSIBILITY IN SAID MINOR GETS HURT ON THE FIELD. TSRL DOES NOT COVER MINORS UNDER 16 AS OF DATE OF FIRST PLAYED GAME

Printed Name of MINOR Participant _____ : Signature of Minor Participant: _____

Printed Name of Parent or Guardian: _____ Signature of #1: _____

Printed Name of Parent or Guardian: _____ Signature of #2 : _____

I represent that I have sole legal custody of, or I am the sole parent/guardian

Printed Name of Coach: _____ Signature of Coach: _____