

Pacific Fury Softball

Pacific Fury Select Softball
PLAYER REGISTRATION

Athletes Name: _____ School: _____

Birth Date (month/date/year): _____ Grade Entering: _____

Mother/Guardian Name: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Mother/Guardian Email: _____ Cell Phone: _____

Father/Guardian Name: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Father/Guardian Email: _____ Cell Phone: _____

Emergency Contact Name: _____ Relation: _____

Primary Physicians Name: _____ Phone: _____

Medical Conditions we should be aware of: _____

Medical Insurance Company and Policy/Group #: _____

Other organized sports in which player participates & time of year: _____

MEDICAL PERMISSION

In case of an emergency involving my child, the coach or other appropriate official team representative or tournament official is authorized to take all steps which may be necessary including, without limitation, the following when and if appropriate in the judgment of the official (not necessarily in the order state when more than one step is taken): (1) call 911 or an equivalent number to summon emergency medical assistance; (2) call me or any other persons listed on the Emergency Contact Sheet; (3) call the child's physician/clinic as listed on the Emergency contact form; (4) if unable to reach persons identified in (2) and (3) above: (a) call or take my child to a locally available physician or (b) take my child to a local hospital. I hereby authorize any provider of medical assistance listed above including any physician, paramedic and hospital to provide such medical treatment and procedures as may in his/her or its judgment be necessary.

_____ Parent Signature _____ Date

_____ Parent Printed Name