

2012 Spring Consent Form



10601 Tierrasanta Blvd. #273 San Diego, CA 92124 www.tierrasantasoftball.org

PLAYER INFORMATION:

Player's Name: _____ Date of Birth _____

Address: _____ Phone: _____

EMERGENCY CONTACT INFORMATION

Guardian 1: _____ Guardian 2: _____

Relationship: _____ Relationship: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

MEDICAL INFORMATION

Allergies or medical condition: _____

Doctor's Name: _____ Doctor's Phone: _____

Insurance Carrier: _____ Policy No.: _____

PERMISSION TO TREAT A MINOR:

I, the undersigned parent or legal guardian of the participant, a minor, hereby authorize the managers, coaches, or parents of team members acting in the capacity of activity supervisors or vehicle drivers, as my Agents, to consent to medical, surgical, or dental examination and/or treatment in the event of any injury caused by a direct or an indirect result of the participant's participation in TierraCanyon Girls Softball / ASA activities.

INFORMED CONSENT:

I, the parent or legal guardian of the above named individual, acknowledge that participation in athletic events necessarily involves risk of physical injury. In consideration for accepting the registration of the above named individual and permitting voluntary participation of said individual in its programs, I hereby release, discharge, and hold harmless TierraCanyon Girls' Softball, its volunteers and other representative from any claims arising out of or relating to any physical injury that may result to said individual while participating in TierraCanyon Girls' Softball sponsored events, including any physical injury cause by the negligence of any official, manager or coach while performing his/her duties during any practices or games. I also agree to return any equipment loaned to my daughter or me in as good condition as when received (excepting wear).

Parent/Guardian's Signature: _____ Date _____