



FALLBROOK GIRLS SOFTBALL

20____ Seasonal Year ☐ SPRING ☐ FALL ☐ ALLSTARS

Player Registration Form

Player Information

☐ New Player

☐ Returning Player

First Name

Middle Name

Last Name

DOB (MM/DD/YYYY)

Seasons Played

School Name

Grade

Shirt Size (Please circle one) YS YM YL YXL AS AM AL AXL

If applicable, list any medical problem(s)/physical limitation(s) the player has:

Parent/ Guardian Information

First Name

MI

Last Name

Relationship

Street Address

City

Zip

Email (Our primary form of communication)

Primary Phone #

Additional Parent/ Guardian

First Name

MI

Last Name

Relationship

Street Address

City

Zip

Email (Our primary form of communication)

Primary Phone #

EMERGENCY CONTACT

Name

Phone #

Relationship

PARENT LEAGUE SUPPORT: ☐ Coach ☐ Board Member ☐ Team Parent ☐ Sponsor ☐ Opening Day ☐ Other

Fallbrook Girls Softball Waiver

We, the registrants and registrant's legal parent or guardian, hereby agree and acknowledge that participation in Fallbrook Girls Softball (FGS), as in any sport, may result in injury. I hereby state that my child is in good health and physically able to participate in this program. I hereby release FGS, Ingold Sports Park (ISP), and Fallbrook Sports Association (FSA) its members, agents and officers, from all liability or responsibility for any claim, damage, or legal action on behalf of the player or the player's parents, heir, or personal representative, arising from any injury the player may sustain while participating in above said program. I hereby authorize, in the event of injury, any representative of FGS, ISP or FSA to obtain whatever medical attention is deemed necessary for player named above. I hereby authorize any qualified medical practitioner to render such emergency medical treatment that they deem necessary for player named above. I understand, and fully acknowledge that I will be responsible for any expenses incurred from said medical treatment. We consent to FGS taking photographs, video recordings, and/or sound recordings in documenting the activities of FGS programs and services. We hereby grant FGS and their affiliate's permission to use the negatives, prints, motions pictures, video/audio tapings or any other reproduction of the same for FGS and its affiliates' educational and promotional purposes in manuals, on flyers, the internet, or other publications. We have read this release and waiver of liability and fully understand its terms. We understand that we waive substantial rights by signing this form. We agree to waive all such rights above including the right to file a legal action or assert a claim for personal or physical injury of any kind. We sign this release form freely of our own free will.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

For League Use Only

Payment Received \$ _____ Cash ☐ Check # _____ Birth Certificate on File: Yes ☐ No ☐

FALLBROOK GIRLS SOFTBALL WAIVER

I, the undersigned parent/guardian of _____ (player name)
_____ (birthdate)

acknowledge that participation in Fallbrook Girls Softball (FGS), as in any sport, may result in injury. I hereby state that my child is in good health and physically able to participate in this program. I hereby release FGS, Ingold Sports Park (ISP), and Fallbrook Sports Association (FSA) its members, agents and officers, from all liability or responsibility for any claim, damage, or legal action on behalf of the player or the player's parents, heir, or personal representative, arising from any injury the player may sustain while participating in above said program. I hereby authorize, in the event of injury, any representative of FGS, ISP or FSA to obtain whatever medical attention is deemed necessary for player named above. I hereby authorize any qualified medical practitioner to render such emergency medical treatment that they deem necessary for player named above. I understand, and fully acknowledge that I will be responsible for any expenses incurred from said medical treatment. We consent to FGS taking photographs, video recordings, and/or sound recordings in documenting the activities of FGS programs and services. We hereby grant FGS and their affiliate's permission to use the negatives, prints, motions pictures, video/audio tapings or any other reproduction of the same for FGS and its affiliates' educational and promotional purposes in manuals, on flyers, the internet, or other publications. We have read this release and waiver of liability and fully understand its terms. We understand that we waive substantial rights by signing this form. We agree to waive all such rights above including the right to file a legal action or assert a claim for personal or physical injury of any kind. We sign this release form freely of our own free will.

PARENT/GUARDIAN

SIGNATURE: _____ **DATE:** _____