

FALLBROOK GIRLS SOFTBALL

Player Information									
New Player		Retur	ning P	layer					
First Name		Middle Name				Last Name			
DOB (MM/DD/YYYY		 S	Seasons Played						
School Name Shirt Size (Please circle one)	YS	YM	irade YL	YXL	AS	AM	AL	AXL	
If applicable, list any medical proble	em(s)/physi	ical limi	tation	(s) the play	er has:				
Parent/ Guardian Information	on								
First Name		M	il -	Last Name				Relationship	
Street Address				Cit	у			Zip	
Email (Our primary form of commu	inication)						Primary	Phone #	
Additional Parent/ Guardian	,						,		
First Name		N	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	Boa	ırd Me		Team P	Parent	Sponso		Other
Fallbrook Girls Softball Waiv	- '				, , , ,				
We, the registrants and registrant's legal painjury. I hereby state that my child is in good Association (FSA) its members, agents and cor personal representative, arising from any representative of FGS, ISP or FSA to obtain render such emergency medical treatment incurred from said medical treatment. We services. We hereby grant FGS and their af FGS and its affiliates' educational and promfully understand its terms. We understand taction or assert a claim for personal or physical process.	arent or guard d health and p officers, from a injury the pla whatever med that they deel consent to FG ffiliate's perm notional purpo that we waive	hysically a all liability yer may s dical atter m necessa S taking ission to oses in ma substanti	able to pay or responding to pay or responding to pay or p	participate in toponsibility for while participa deemed nece layer named aphs, video renegatives, prion flyers, the s by signing th	this progra any claim, ating in abo ssary for p above. I ur ecordings, ints, motio internet, c is form. W	m. I hereby damage, o ove said pro layer name nderstand, and/or sou or other pu/e agree to	r release FGS, r legal action ogram. I here ed above. I he and fully ack nd recording s, video/audio blications. V waive all suc	, Ingold Sports Park (ISP), and on behalf of the player or by authorize, in the event cereby authorize any qualification nowledge that I will be response in documenting the active tapings or any other reprove have read this release as	nd Fallbrook Sports the player's parents, heir, of injury, any ed medical practitioner to ponsible for any expenses ities of FGS programs and roduction of the same for and waiver of liability and
PARENT/GUARDIAN SIGNATURE:								DATE:	
				or League	Use On	ıly			
Payment Received \$		Cash	Ch	eck #			Rir	th Certificate on File:	Ves No

FALLBROOK GIRLS SOFTBALL WAIVER (player name) I, the undersigned parent/guardian of (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

	nd. We sign this release form freely of our own
free will.	, ,
PARENT/GUARDIAN	
SIGNATURE:	DATE: