

Please Print

PLAYERS CONTRACT

Player name _____ Date of Birth _____

Address _____ Phone Number _____

Residing Elementary District _____ Attended School _____

Parent/Guardian Name _____ Current Grade 3rd 4th 5th 6th 7th 8th HS

My daughter has permission to participate in the Washington Township Girls Softball League (WTGSL). I will not hold the WTGSL or its representatives responsible for injuries, damages or losses that my child or I may incur during the softball season. I understand that a medical release may be requested by the League prior to my daughter's eligibility to participate in the WTGSL.

By signing below you acknowledge the following: that you are the legal guardian of the player; that you have read and agree to the above waiver and release of liability; that you know that the league by-laws can be found on www.wtgsl.org and that you agree to abide to these by-laws.

Parent / Guardian Signature _____ Date _____

Organizing Section

Coaches name from last year _____

Would you be interested in coaching? Y / N Suggest A Coach: _____

Comments or Requests: _____

* Please note that these are "requests" and will only be considered if possible *

EMERGENCY MEDICAL AUTHORIZATION

* Please write "none" where applicable *

Name of Child _____ Address _____

Date of Birth _____ Cell Ph# _____ Home Ph# _____

Doctor's Name _____ Ph# _____

Insurance Carrier _____ Policy # _____

Preferred Hospital _____ Wears Contacts? Y / N

Known Medical Condition _____ Known Allergies _____

I hereby give my consent for immediate medical treatment if I am not available when my child needs treatment.

Parent / Guardian Signature _____ Date _____

Print Name _____

www.wtgsl.org