

Please print

PLAYERS CONTRACT

Player name _____ Date of Birth _____

Address _____ Phone number _____

Name of School _____ Coach's Name (if known) _____

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

My daughter has permission to participate in the Washington Township Girl's 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.

Parent/Guardian signature _____ Date _____

This is to certify that I have read and understand the above waiver and release of liability. Only a parent or legal guardian may sign this contract. Stepparents and grandparents, please do not sign this unless you are a legal guardian. My signature above also denotes having read the attached league rules. I further agree to abide by these rules.

EMERGENCY MEDICAL AUTHORIZATION

Name of Child _____ Address _____

Date of Birth _____ Phone Number _____

Doctor Name _____ Phone Number _____

Dentist Name _____ Phone Number _____

Insurance Company _____ Policy Number _____

Preferred Hospital _____ Wears Contacts _____

Known Medical Condition _____ Known Allergies _____

Name of Parent/Guardian if different from child _____

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

Parent/Guardian Signature _____ Date _____