

FOSTER CITY YOUTH SOFTBALL ASSOCIATION

2008 FALL BALL COACHES' INFORMATION AND MEDICAL RELEASE

PLAYER INFO

PLAYERS FULL NAME _____ BIRTH DATE ____/____/____

STREET ADDRESS (AND CITY, IF NOT FOSTER CITY) _____ HOME PHONE _____

SPRING TEAM NAME _____ DIVISION _____

PARENT OR GUARDIAN INFO:

EMAIL ADDRESS FOR LEAGUE NOTICES _____

FATHER'S FULL NAME _____ HOME PHONE _____ CELL/WORK PHONE _____

FATHER'S EMPLOYER _____ FATHER'S ADDRESS (IF DIFFERENT) _____

MOTHER'S FULL NAME _____ HOME PHONE _____ CELL/WORK PHONE _____

MOTHER'S EMPLOYER _____ MOTHER'S ADDRESS (IF DIFFERENT) _____

SCHOOL (this fall) _____ GRADE ____ PLAYER LIVES WITH: (CHECK ONE) __ BOTH __ MOTHER __ FATHER

MEDICAL / EMERGENCY INFO

(IN CASE OF EMERGENCY AND YOU CAN'T NOTIFY EITHER OF THE ABOVE, PLEASE CONTACT ONE OF THE FOLLOWING)

NAME _____ HOME PHONE _____ CELL _____ WORK _____

NAME _____ HOME PHONE _____ CELL _____ WORK _____

DOCTOR'S NAME _____ PHONE _____

DENTIST'S NAME _____ PHONE _____

INSURANCE PLAN _____ POLICY NUMBER _____

OTHER (MEDICAL/OTHER INFO TO BE NOTED) _____

TEAM/COACH REQUESTS _____

(WE WILL ATTEMPT TO ACCOMMODATE YOUR REQUEST, BUT NO GUARANTEES WILL BE MADE)

• **** LEAGUE USE ONLY ****

ID# _____ AGE _____ DIV _____ B/C _____ PAID _____ cash/check

PARENT'S MEDICAL RELEASE

In case of emergency, I the undersigned parent or legal guardian of the participant, a minor, hereby authorize and give my permission for the team manager, adult coach, assistant coach, parents of team members acting in the capacity of supervisor, or any board member of Foster City Youth Softball Association to have my/our child treated by any licensed emergency medical technician, physician, dentist and/or hospital. In the event there is an emergency and I cannot be reached, please contact the people or persons listed on this form immediately. I also do hereby waive, release, absolve, indemnify and agree to hold harmless Foster City Youth Softball Association, the organizers, sponsors, supervisors and participants for any claim arising out of any injury to me, the participant or my family, and whatever the result of said negligence, or for any other cause except to the extent and in the amount covered by accident and/or liability insurance.

PLAYER NAME _____

PARENT/GUARDIAN NAME _____

RELATIONSHIP _____

P/G SIGNATURE _____

DATE _____