



**NORTHWEST LADY SHARKS**  
Fastpitch Softball

**10A 12A 14A 16A 18A 18G**

(circle one)

**2009-2010 NW Lady Sharks Registration and Release Form**

*(All information provided is for NW Lady Sharks purposes only and remains confidential)*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_ Positions Played \_\_\_\_\_  
 Previous Experience \_\_\_\_\_  
 \_\_\_\_\_  
 Clinics Attended \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
 Medical Conditions \_\_\_\_\_  
 Medication(s) \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_  
 Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

*(The purpose of the above listed medical information is to ensure that medical personnel have details of any medical conditions, or medications if necessary.)*

**Release Form**

I declare that I am the parent or legal guardian of the minor listed above. I have full custody and control of the child. To the best of my knowledge, my child is in good health and is adequately immunized to participate in NW Lady Sharks Softball activities.

We recognize that injuries can occur both from playing fastpitch softball and in the travel attendant with it. Therefore, on behalf of both ourselves and my child(ren) we hereby waive, release and forever discharge any and all rights and claims for damages which may hereafter arise against NW Lady Sharks/Puget Sound Girls Athletic Association and its officers, agents and representatives for any and all damages which may be sustained and suffered in connection with my child's association with or participation in any and all practices, games or tournaments involving NW Lady Sharks/Puget Sound Girls Athletic Association, or which may arise out of traveling to or returning from such events. I further acknowledge that I will be responsible for any medical or hospital fees or costs with my child's medical treatment.

We also hereby grant to officers, agents and representatives of NW Lady Sharks Softball/Puget Sound Girls Athletic Association and to its chaperones the right to act as Guardian/Spokesperson in granting permission for emergency treatment/hospitalization (including anesthesia) if necessary for my child(ren) while en route to or from or at the sites of the above named activities. I understand that should a health emergency arise, we may not be able to be notified and that if we cannot be reached by telephone, we hereby authorize medical treatment deemed necessary by competent medical personnel.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date