

CLEARWATER **Bullets** FAST PITCH

Clearwater Fast Pitch Softball Group, Inc.
Registration, Travel Permission, and Medical Release Form

Player Information:

Name _____ Nickname _____

Address _____ City _____ ZIP _____

Phone _____ Date of Birth ___/___/___

Positions you play _____

Parent Information:

Father's Name _____ Phone (H) _____ (C) _____

Work Phone _____ Occupation _____

Mother's Name _____ Phone (H) _____

(C) _____

Work Phone _____ Occupation _____

Father's Email _____ Mother's Email _____

In case of an emergency who should we contact if you cannot be reached?

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

List any allergies or special medical problems _____

Medical Insurance Carrier _____ Policy Number _____

Phone _____

In the event of an injury, I understand that my medical insurance company is the primary provider and that the Clearwater Bullets team insurance provides excess coverage above the collectible of the primary insurance company. If there is no primary insurance, then the Clearwater Bullets team insurance becomes the primary carrier.

I/we, the parent(s) of the above names child, hereby give my/our approval to participate in any and all league activities. I/We for ourselves and on behalf of my/our child, hereby waive, release, absolve, and agree to hold harmless, the Clearwater Bullets organization, all officers, directors, organizers, sponsors, and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

I/We the parent(s) of the above named child do hereby grant and consent to full authority for the rendering of assistance, care, and treatment of the above named child under circumstances which shall reasonably be deemed an emergency, including without limitation: 1) I/We hereby give permission to the coaches and other persons of the authority to administer first aid to the above named child; and 2) I/We give permission to have the above named child transported by ambulance, police, or private vehicle to a hospital or doctor's office if deemed necessary by the coaches or any other person of authority; and 3) I/We do hereby authorize the immediate treatment of the above named child by a licensed doctor and/or hospital personnel to the extent deemed necessary by such doctor and/or hospital personnel, including without limitation any diagnostic procedures, care, and treatment as may be deemed necessary.

Signature _____ Relationship _____ Date _____