



Van Wert Fastpitch Softball
2020 Registration/Medical Release Form

Fee: \$40 via Cash/Check/Money Order
Make Checks Payable to: Van Wert Fastpitch

_____ Farmette – Maximum Age **10** (As of January 1st, 2020)
_____ Buckeye – Maximum Age **12** (As of January 1st, 2020)
_____ 4-County – Maximum Age **15** (As of January 1st, 2020)

Players Name: _____ Age: _____ Birthdate: _____
Address: _____ Shirt Size: _____
Contact #: _____ (Home/Cell) Email: _____
Fathers Name: _____ Mother's Name: _____
Phone #: _____ Phone #: _____

EMERGENCY CONTACT (Other than Parents)

Name: _____ #: _____ Relationship: _____
Name: _____ #: _____ Relationship: _____
Parent willing to coach/help? YES NO Name: _____
Family Physician: _____ Phone #: _____
Any Medical Problems? _____
Any Medications: _____

I, the undersigned, by participating in softball sponsored by Van Wert Fastpitch understand and agree that such activity has certain inherent risks that can and do result in injury that can be serious, life limiting and life threatening. I, the undersigned, agree to release Van Wert Fastpitch and any and all volunteers, participants and persons transporting my child to and from activities from all claims resulting from any and all injury to my child whether participating in softball activities.

Parent/Legal Guardian Signature: _____ Date: _____

As the parent/legal guardian of _____, I request that in my absence, the above named player be transported and/or admitted to any hospital or medical facility for emergency care or treatment. I request and authorize physicians, duly licensed as doctors of medicine, licensed technicians, or nurses to perform medical treatment.

Parent/Legal Guardian Signature: _____ Date: _____