



**CSSA 2009 MINOR WAIVER  
AND CLUB REGISTRATION FORM**

Player's last name \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_  
Telephone \_\_\_\_\_ Emai \_\_\_\_\_  
Address \_\_\_\_\_  
Parent's Names \_\_\_\_\_ Team \_\_\_\_\_

**Emergency Medical Information:**

Physician's Name \_\_\_\_\_ Tel \_\_\_\_\_  
Hospital of Choice \_\_\_\_\_

List any medical conditions or prohibitions that the club should be aware of: \_\_\_\_\_  
\_\_\_\_\_

Person to notify in an emergency \_\_\_\_\_ Tel \_\_\_\_\_  
Alternate person: \_\_\_\_\_ Tel \_\_\_\_\_

**Consent for medical treatment:** As the parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

**RELEASE:** I, the parent or guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the CSSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with softball and in consideration of the CSSA accepting the registrant for its softball program and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify the CSSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Program, as well as the Go FAR, its employees and associated staff, its Softball Board of Directors and Coaches against any claim by or on behalf of the registrant as a result of their participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

**Signature of parent or guardian for medical data and release:**

Print name of parent or guardian \_\_\_\_\_  
Parent or guardian signature \_\_\_\_\_ Date: \_\_\_\_\_