

## Player Signup Sheet

Name of Player: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Emergency Contact Name and Phone Number: \_\_\_\_\_

Any Allergies or Medical Conditions we should be aware of? \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Phone #: \_\_\_\_\_ Mother's Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mother's Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Mother's Place of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Rockford High School Softball Clinic Emergency Authorization and Waiver FORM MUST BE COMPLETED FOR ALL PARTICIPANTS IN SOFTBALL PLAYERS CLINIC

*Parent or guardian, please review complete and sign these forms. The completed forms must be returned to the softball coach/coordinator no later than the start of the clinic.*

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#### EMERGENCY AUTHORIZATION FORM

I/We \_\_\_\_\_ are the parents or guardians of \_\_\_\_\_ who is participating in the softball players clinic at North Rockford Middle School. In the event that I/we cannot be reached, I/we authorize the Director of the Clinics or the acting person in charge of the Clinic at North Rockford Middle School to make decisions regarding the emergency treatment of \_\_\_\_\_, including seeking and approving medical treatment. This Emergency Authorization is valid for the dates of this clinic on March 10, 2010.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of parent or guardian

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#### WAIVER OF LIABILITY FORM

In consideration of the use of Rockford School facilities, the undersigned understands that, as the parent/guardian of the participant, she is assuming full risk of injury arising from use of these facilities.

Any personal belongings that \_\_\_\_\_ brings with her to North Rockford Middle School is at her risk and is not the responsibility of Rockford Public Schools. Further, these items are not covered by North Rockford Middle School insurance coverage.

I/We understand and agree that North Rockford Middle School and the clinic personnel will provide \_\_\_\_\_, my child or ward, with instructions on any limitations to her participation as disclosed in the medical statement below. I/We are aware that the sport of softball involves a great deal of physical activity and that it is a contact sport that may result in injury. Neither North Rockford Middle School nor the clinic personnel shall be responsible for any injury.

Medical Conditions which may limit activity or involvement or which clinic personnel need to be aware:

By signing below, I/we expressly agree to be bound by the terms of this agreement.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_

Relationship to participant

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