

West Liberty Force Fastpitch

Player Information and Release Form

		<i>Date</i>	
<i>Player's Name:</i>		<i>Parent or Guardian Name:</i>	
Age: (as of Jan. 1, 2017)		Home Phone Number:	
Date of Birth:		Work Phone Number:	
Grade in school:		Cell Phone Number:	
School Attending:		email address:	
		Extra email address:	
 		<i>Alternate Contact Name:</i>	
Known Medical Conditions:		<i>Home Phone Number:</i>	
Known Allergies:		<i>Work Phone Number:</i>	
Current Medications:		<i>Cell Phone Number:</i>	
 		<i>Mailing Address:</i>	
Family Doctor:		City:	
Phone Number:		State, Zip:	

Release Form

Recognizing the possibility of physical injury with fastpitch softball, play and training with the West Liberty Force softball team accepting my daughter for its softball program and activities, I hereby release, discharge and/or otherwise indemnify the Force softball organizations and sponsors, their associated personnel, including the owners of fields and facilities utilized by the team against any claim by or on behalf of my daughter as a result of her participation in the Force organization

Parent Signature _____ Date _____

Players Signature _____ Date _____