

**Please Print**

**PLAYERS CONTRACT**

Player name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Residing Elementary District \_\_\_\_\_ Attended School \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Current Grade 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

My daughter has permission to participate in the Washington Township Girls Softball League (WTGSL). I will not hold the WTGSL or its representatives responsible for injuries, damages or losses that my child or I may incur during the softball season. I understand that a medical release may be requested by the League prior to my daughter's eligibility to participate in the WTGSL.

By signing below you acknowledge the following: that you are the legal guardian of the player; that you have read and agree to the above waiver and release of liability; that you know that the league by-laws can be found on [www.wtgsl.org](http://www.wtgsl.org) and that you agree to abide to these by-laws.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Organizing Section**

Coach's name from last year \_\_\_\_\_

Would you be interested in coaching? Y / N / Suggest a coach \_\_\_\_\_

Comments \_\_\_\_\_

**EMERGENCY MEDICAL AUTORIZATION**

\* Please write "none" where applicable \*

Name of Child \_\_\_\_\_ Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Cell Ph# \_\_\_\_\_ Home Ph# \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Ph# \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Wears Contacts? Y / N

Known Medical Condition \_\_\_\_\_ Known Allergies \_\_\_\_\_

I hereby give my consent for immediate medical treatment if I am not available when my child needs treatment.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_