

Please Print**PLAYERS CONTRACT**

Player name _____ Date of Birth _____

Address _____ Phone Number _____

Residing Elementary District _____ Attended School _____

Parent/Guardian Name _____ Current Grade 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

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 and that you agree to abide to these by-laws.

Parent / Guardian Signature _____ Date _____

Organizing Section

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 _____