

# FOSTER CITY YOUTH SOFTBALL ASSOCIATION

## 2010 FALL BALL COACHES' INFORMATION AND MEDICAL RELEASE

### PLAYER INFO

PLAYERS FULL NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

STREET ADDRESS (AND CITY, IF NOT FOSTER CITY) \_\_\_\_\_ HOME PHONE \_\_\_\_\_

SPRING TEAM NAME \_\_\_\_\_ DIVISION \_\_\_\_\_

### PARENT OR GUARDIAN INFO:

EMAIL ADDRESS FOR LEAGUE NOTICES \_\_\_\_\_

FATHER'S FULL NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL/WORK PHONE \_\_\_\_\_

FATHER'S EMPLOYER \_\_\_\_\_ FATHER'S ADDRESS (IF DIFFERENT) \_\_\_\_\_

MOTHER'S FULL NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL/WORK PHONE \_\_\_\_\_

MOTHER'S EMPLOYER \_\_\_\_\_ MOTHER'S ADDRESS (IF DIFFERENT) \_\_\_\_\_

SCHOOL (this fall) \_\_\_\_\_ GRADE \_\_\_\_ PLAYER LIVES WITH: (CHECK ONE) \_\_BOTH\_\_ MOTHER\_\_ FATHER

### MEDICAL / EMERGENCY INFO

(IN CASE OF EMERGENCY AND YOU CAN'T NOTIFY EITHER OF THE ABOVE, PLEASE CONTACT ONE OF THE FOLLOWING)

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

DENTIST'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

INSURANCE PLAN \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

OTHER (MEDICAL/OTHER INFO TO BE NOTED) \_\_\_\_\_

TEAM/COACH REQUESTS \_\_\_\_\_  
(WE WILL ATTEMPT TO ACCOMMODATE YOUR REQUEST, BUT NO GUARANTEES WILL BE MADE)

<b>** LEAGUE USE ONLY **</b>					
ID#	AGE	DIV	B/C	PAID	cash/check

**PARENT'S MEDICAL RELEASE**

In case of emergency, I the undersigned parent or legal guardian of the participant, a minor, hereby authorize and give my permission for the team manager, adult coach, assistant coach, parents of team members acting in the capacity of supervisor, or any board member of Foster City Youth Softball Association to have my/our child treated by any licensed emergency medical technician, physician, dentist and/or hospital. In the event there is an emergency and I cannot be reached, please contact the people or persons listed on this form immediately. I also do hereby waive, release, absolve, indemnify and agree to hold harmless Foster City Youth Softball Association, the organizers, sponsors, supervisors and participants for any claim arising out of any injury to me, the participant or my family, and whatever the result of said negligence, or for any other cause except to the extent and in the amount covered by accident and/or liability insurance.

PLAYER NAME \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

P/G SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_