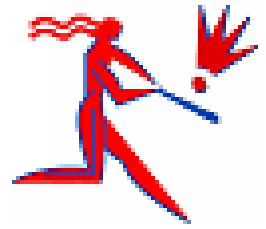


SPRING
12

TORRANCE GIRLS SOFTBALL LEAGUE

EMERGENCY FORM



Player Name _____ Date of Birth _____ Age _____
Home Address _____
City _____ CA _____ Zip _____
School _____ Grade _____

THIS REGISTRATION FORM IS TO BE CARRIED BY MANAGERS TO ALL TGSL ACTIVITIES

PARENT / GUARDIAN CONSENT

I/We the undersigned parents/guardians of the above named player, a minor, do hereby authorize the manager/coach/team parent to act as Agent for the undersigned to consent to emergency medical, surgical or dental examination or treatment. I/We hereby authorize treatment and/or care of registered player at any hospital.

I/We the undersigned parent/guardians of the above named child, do hereby give my/our permission to participate in any and all activities. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities, and I/We do hereby waive, release, absolve and indemnify and agree to hold harmless organizers, TORRANCE GIRLS SOFTBALL, ASA, the sponsors, participants, and persons transporting my/our child whether the result of negligence or for any other cause, except to the extent and the amount covered by accident or liability insurance. ASA insurance is in excess to any medical coverage carried by parents and players. I/We agree to return any equipment issued to our child in as good of condition as when received except for normal wear and tear. I/We will furnish a certified birth certificate to league officials.

I/We the parent/guardian of the aforementioned player, hereby give my consent and hereby release, indemnify and hold harmless TGSL, it's officials, coaches and representatives, from any claim arising out of injury to the named individual. I also hold harmless TGSL, it's officials coaches and representatives from any claim arising out of injuries or conditions caused or aggravated by my refusal to obtain medical treatment based on religious, philosophical belief or otherwise. I understand and give consent that TGSL may compile emails and addresses, and on occasion post player pictures on the website, as part of the normal course of league operations.

Medical Insurance Carrier: _____ Policy # _____

Family Doctor: _____ Phone: _____

Allergies/Medical Concerns: _____

Primary Contact: _____ Email: _____

Work # _____ Cell # _____ Home # _____

Parent Contact #2 _____ Email: _____

Work # _____ Cell # _____ Home # _____

Parent/Guardian Signature _____