

WOODLAND GIRLS FASTPITCH SOFTBALL



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|-------------|------------|------------|
| FIRST NAME: | LAST NAME: | BIRTHDATE: |
| ADDRESS: | STATE: | ZIP: |

EMERGENCY MEDICAL INFORMATION AND RELEASE

Parental Permission, Waiver of Liability Code of Conduct

I am the parent/guardian of the softball player named above, and I am legally authorized and do hereby give permission for my daughter/ward, to be admitted into any hospital, or to be treated by any physician or dentist, for injury incurred while playing, practicing, being transported to or from, or as a spectator at any activity associated with the WGFSA. I affirm that the insurance information provided by me is current, correct and understand my insurance will be primary (first billed). Should my insurance fail to pay my daughter's/ward's medical expenses associated with a League-related injury, WGFSA's secondary insurance with a deductible in the amount of \$250.00 per incident, will be contacted. I understand it is my duty to inform the WGFSA of any change(s) to the information herein provided below:

Sponsoring Organizations: Woodland Girls Fastpitch Softball Association, Inc. (WGFSA), a California non-profit corporation; Northern California Girls Softball Association, a California non-profit corporation; Amateur Softball Association of America, a non-profit organization and the City of Woodland, a municipality. I hereby grant permission for my daughter/ward named above to participate in all activities associated with WGFSA and to be supervised by its Board of Directors, Officers and volunteer managers and coaches in conjunction with such activities. I state that said minor is physically able to participate in said activities. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost or expense, which they may incur as a result of property damage, injury or death that my daughter/ward may sustain while participating in any WGFSA activity. Furthermore, for myself, and on behalf of my heirs, successors, and assigns, hereby release and forever hold harmless WGFSA's Board of Directors, Managers, Coaches, or other volunteers, for any loss, liability or damage resulting from an injury, however minor or major, which results in paralysis, dismemberment, disfigurement, or death, or damage to or loss of personal property, unless such is deemed by a court of competent jurisdiction to be the result of gross negligence on the part of the WGFSA or any representative thereof.

I ALSO ACKNOWLEDGE THAT I HAVE READ AND RECEIVED A COPY OF THE WGFSA CODE OF CONDUCT AND THAT I AGREE TO ABIDE WITH ALL OF ITS PROVISIONS. INITIAL RECEIPT (_____)

Medical problems we should be aware of? (medicines, allergies, conditions): _____

Medical Insurance Company: _____ Policy Number: _____

Dental Insurance Company: _____ Policy Number: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Parent/Guardian Signature: _____ Relationship: _____ Date: _____

Parent/Guardian Name (Printed): _____ Phone: _____