

CANTON LITTLE LEAGUE- GIRLS SOFTBALL

Registration and Medical Release Form

Player _____ Street Address _____
 City, State, Zip _____ Email Address _____

 Phone Number _____ Date of Birth (mo\day\yr) _____ Age as of 12/31 last year (i.e. Little League Age) _____

Emergency Contact _____ Phone _____
 Medical Insurance Plan _____ Group Number _____
 ID Number _____ Date of Last Tetanus Shot _____
 Family Physician/Address/Phone _____
 Please Indicate any Physical Limitations _____
 Please list all allergies/medical issues, including those requiring medication (i.e. Diabetic, Asthma, etc).
 Use additional sheets if necessary.

<u>Medical Diagnosis</u>	<u>Medication</u>	<u>Dosage</u>	<u>Frequency of Dosage</u>
_____	_____	_____	_____

Parent/Guardian Signature Section Please read carefully. Your signature agrees to & acknowledges the following:

I, the parent/guardian of the above named candidate for a position on a Canton Little League sanctioned team, hereby give approval for my child to participate in any and all League activities, including transportation to and from activities.

In case of emergency, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E.R. Physician) and to be transported to the nearest emergency clinic and/or hospital for treatment if necessary.

I know that participation in softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless Canton Little League, Little League Baseball Incorporated, the organizers, sponsors, supervisors, participants and persons transporting my child to and from activities for any claim arising out of any injury to my child whether the result of negligence or for any other cause except to the extent and in the amount covered by accident or liability insurance.

I agree to return issued uniform(s) and/or equipment in as good condition as when received except for normal wear/tear.

I will furnish a certified birth certificate of the above named candidate to League Officials.

I give permission for CLL to use my child's name and/or photograph on the CLL website.

PARENT or GUARDIAN SIGNATURE: _____ **DATE:** _____

 (For CLL use only) Amount Paid \$ _____ Check # _____ Date: _____