



Folsom Freedom Girls Softball
Folsom, Ca. 95630

**Individual Player Agreement,
Release and Emergency Medical Authorization**
(Please Print)

_____ Players Name	_____ Phone	_____ Birth Date
_____ Address	_____ City/Zip Code	_____ Grade
_____ Mother's Name	_____ Cell or Daytime Phone	_____ Contact E-Mail
_____ Father's Name	_____ Cell or Daytime Phone	

Activity: Girls Fastpitch Softball

Participant and Parental Consent: In consideration for being permitted by the Folsom Freedom to participate in the above activity, I do hereby waive, release and discharge any and all claims for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in such activity. This release is intended to discharge in advance the Folsom Freedom, its officers, coaches and agents from any and all liability arising out of or connected in any way with the participation of the persons or entities mentioned above. It is understood that this activity contains an element of risks and danger of accidents and knowing these I do hereby assume these risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and hold the above persons and entities free and harmless from any loss, liability or damage that I may sustain while participating in said activity. I do hereby consent that my daughter will be allowed to participate in the above and hereby execute this agreement and release on her behalf.

Medical Treatment Authorization: In the event of injury or illness to my child, I hereby grant authority to a qualified physician to render such medical treatment as said physician deems necessary under the circumstances and I will be responsible for all charges not paid by insurance coverage. If I am unable to be reached, please contact:

_____ Name	_____ Relationship	_____ Phone
_____ Insurance Carrier	_____ Group #	_____ Medical #

Allergies to medicines and other medical information

_____ Parent/Guardian Signature	_____ Date
_____ Participant Signature	_____ Date