



Participation Agreement for A.G.A.A Softball

Participation in A.G.A.A softball programs may pose significant health risks. Softball involves physical contact, collisions and aggressive play with an inherent degree of risk. Possible injuries include, but are not limited to. muscle strains, concussions, eye or facial injuries, contusions, lacerations, sprains, broken bones and rarely, stroke, cardiac malfunction, spinal cord injury or other types of catastrophic injury. **All participants must assess their physical condition and the possibility of injury.**

The safe conduct of any group activity such as A.G.A.A softball is dependent upon individual actions of each member of the group. You, the participant, have an obligation to refrain from dangerous or disruptive activity that could endanger yourself or any other group member. The use of drugs, alcohol or any other substances that might be dangerous or detrimental to your performance as a member of this organization is strictly prohibited. In consideration of her participation in the A.G.A.A softball organization, the undersigned with intent to be legally bound, agrees as follows:

1. The undersigned understands that her personal health insurance will constitute the primary coverage for any medical treatment that she might require as a result of her participation in any A.G.A.A activity.
2. The undersigned hereby certify that she has adequate medical insurance coverage that will cover medical expenses resulting from her participation in A.G.A.A activities
Insurance Company: _____
Policy#: _____
3. The undersigned agrees to conduct herself in a SAFE and PRUDENT manner at all times while participating in A.G.A.A activities.
4. The undersigned has read and understands the risks involved with A.G.A.A softball and willingly agrees to accept these risks.
5. The undersigned agrees to follow any verbal and/or written instructions provided during each session.

Signature of Parent/Guardian if under 18: _____

Date: _____

Players Name:

Address:

Date of Birth:

Telephone:

In case of Accident, Injury or Illness, Contact:

Name:

Telephone:

Name:

Telephone:

Physician Name:

Please list any special medical problems, allergies, etc., that would be helpful to us: