

Waxhaw Athletic Association Girls Softball League

Medical Consent / Waiver of Liability and Release

Year Valid 20__

WAA

PO Box 441

Waxhaw NC 28173

angela52704@aol.com

Female

Waxhaw Athletic Association(WAA)

| Player First Name | M Initial | Last Name | Full Organization Name | | | | Clinic / Training Events |
|-------------------|-----------|-----------|------------------------|-----|-----|-----|--------------------------|
| | | | 8U | 10U | 13U | 16U | Challenge |

Birth Date Expected Level of Play (Circle Division(s)) (Level need not be selected to be covered by this form)

Address of Player City State Zip

Parent/Legal Guardian Full Name Home Ph# Work Ph# Cell Ph#

Additional Person to Contact in an Emergency Address Best Contact Ph#

Date of Last Tetanus Shot Medication(s) currently being taken

Player Allergies to these Medications and/or Substances

List any Unusual Health Information

I(we), the undersigned, residing in the county of _____, state of _____, the parents/legal guardian of the above Registrant, a minor, who resides with us, do hereby declare our intent to allow that child to practice, train, play, and participate in all softball related activities with the Waxhaw Athletic Association(known as 'WAA') Char Meck Girls Softball League. This includes, but not limited to team practices, individual practices, games, and clinics.

I(we) agree that we and the Registrant will abide by the rules of WAA and Char Meck Girls Softball, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with baseball and in consideration for the WAA and Char Meck Girls softball accepting the Registrant for their softball programs and activities (the 'Programs'), we hereby jointly and severally release, discharge, and/or otherwise indemnify WAA, Char Meck Girls Softball, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized by the Programs, against any claim by or on behalf of the Registrant as a result of the Registrants participation in the Programs and/or being transported to or from the same, which transportation we hereby authorize.

I(we) further, jointly and severally, as parents and legal guardians of the Registrant, release, discharge, and agree to hold harmless and indemnify the above-named individuals or any of the designated coaches of the above Organization from any and all liability, claims or demands arising from the Registrant participating in the Programs with the above Organization specifically to include any and all claims for personal injuries sustained while present or participating in the Programs or traveling to or from events in the Programs or while on trips sponsored by or in conjunction with the Programs.

In addition, I(we) do hereby authorize any one of the designated adults of the Organization, if after a reasonable attempt has been made to reach a parent or guardian to obtain consent or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, medical, or surgical procedure, treatment, and/or hospital care, to be rendered to the Registrant under the general or special supervision of and/or on the advise of any physician, surgeon, or dentist duly licensed to practice.

The undersigned have read and fully understand and agree to the foregoing.

X

**** Parent/Legal Guardian Signature

Date