

PARENTAL WAIVER/CONSENT & REGISTRATION FORM



Administration Use Only

Player's # for tryouts: _____

Players Name: _____ Season(year) _____

D/O/B: _____ Age of Child on JANUARY 1: _____

ADDRESS: _____

(please no PO Box's and include City and Zip)

Name of School you attend: _____

I am the parent or legal guardian of the above named child. I hereby give my full consent and approval for said child to participate with the Capital Lady Outlaws Organization's tryouts, practice and tournaments. I understand that there are certain risks of injury inherent in the practice and play of fastpitch as well as in traveling and other related activities to my child's participation, and I am willing to assume responsibility of these risks on behalf of said child.

Parents' signature: _____

CHILDS LIMITATIONS: (ex: allergies, hearing, injuries etc.) _____

Insurance Information:

Company: _____

Policy number: _____ Primary Subscriber: _____

Father's name: _____

E-mail address: _____ Cell #: _____

Mother's Name: _____

E-mail address: _____ Cell #: _____

Favorite # 1st choice _____ 2nd choice _____ 3rd choice _____

T-shirt size (Adults): xs s m l xl

Previous teams played on: _____