

# 2017-2018 ARIZONA HOTSHOTS SOFTBALL OF ARIZONA, INC.

## REGISTRATION & RELEASE FORM

All information provided is for Hotshots' purposes only and will remain confidential.

**Team Name:**

Check appropriate team:

☐ ☐ ☐ 10U ☐ ☐ ☐ 16U

☐ ☐ 12U ☐ ☐ ☐ 18U

☐ 14U ☐ 18G

NAME		DATE OF BIRTH	TRYOUT # (PLEASE LEAVE BLANK)
HOME ADDRESS		CITY	STATE ZIP
HOME PHONE	CELL PHONE	EMAIL	
SCHOOL	GRADE IN THE FALL	POSITIONS PLAYED	
PREVIOUS EXPERIENCE			
CLINICS ATTENDED			

FATHER'S NAME	PHONE	CELL PHONE	EMAIL
MOTHER'S NAME	PHONE	CELL PHONE	EMAIL

EMERGENCY CONTACT	RELATIONSHIP	PHONE	CELL PHONE
FAMILY DOCTOR		PHONE	CELL PHONE
MEDICAL CONDITIONS			
MEDICATION(S)	DOSAGE	FREQUENCY	
INSURANCE CARRIER	POLICY NUMBER		

*(The purpose of the medical information is to ensure that medical personnel have details of any medical conditions, or medications if necessary.)*

### RELEASE FORM

I declare that I am the parent or legal guardian of the minor listed above. I have full custody and control of the child. To the best of my knowledge, my child is in good health and is adequately immunized to participate in Hotshots activities.

We recognize that injuries can occur both from playing fast pitch softball and in the travel attendant with it. Therefore, on behalf of both ourselves and my child(ren) we hereby waive, release and forever discharge any and all rights and claims for damages which may hereafter arise against Hotshots and its officers, agents and representatives for any and all damages which may be sustained and suffered in connection with my child's association with or participation in any and all practices, games or tournaments involving Hotshots, or which may arise out of traveling to or returning from such events. I further acknowledge that I will be responsible for any medical or hospital fees or costs with my child's medical treatment.

We also hereby grant to officers, agents and representatives of Hotshots and to its chaperones the right to act as Guardian/Spokesperson in granting permission for emergency treatment/hospitalization (including anesthesia) if necessary for my child(ren) while en route to or from or at the sites of the above named activities. I understand that should a health emergency arise, we may not be able to be notified and that if we cannot be reached by telephone, we hereby authorize medical treatment deemed necessary by competent medical personnel.

PARENT OR GUARDIAN SIGNATURE	DATE
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