

# Saucon Phoenix Fastpitch

## 2019-20 PLAYER'S CONTRACT

**PLEASE PRINT**

Player's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email(s) \_\_\_\_\_  
School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent/Guardian  
Name(s): \_\_\_\_\_  
Parent(s)' Cell Phone  
Number(s) \_\_\_\_\_

My daughter has permission to play softball for the Saucon Phoenix Softball Team. I will not hold SV Phoenix, coaches, athletic field owners, sponsors, or their representatives responsible for injuries, damages, or losses that my child may incur during the softball season.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Player Signature \_\_\_\_\_ Date \_\_\_\_\_

### Medical Authorization

Doctor's Name: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Dentist Name: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Preferred Hospital: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Known Condition(s)/Allergies: \_\_\_\_\_

I hereby give my consent for immediate medical/emergency treatment if I am not available.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

► Fees: 16U- \$600

► Fees: 18U- \$600

A deposit of \$300 is **due at the time of signing the contract**. Please make checks payable to: **Mark Mixa**. The remainder will due by Jan 15 2019.

**NO FEE REFUNDS AFTER JANUARY 31, 2020 WITHOUT APPROVAL OF THE COACHING STAFF**