2020 Seneca East Summer Softball

Players Name:	Birth Date:
Address:	Age as of April 1, 2020
City	Zip
Mother's Name:	Phone: □home □cell □cell & texting
Father's Name:	Phone: □home □cell □cell & texting

I waive all claims for injury, accident, or liability of any kind against the Seneca East Summer Softball League, including their officers, coaches, sponsors, or other players.

Signature of parent/guardian: _____ **Date:** _____

REGISTRATION DEADLINE: TUESDAY, FEBRUARY 18, 2020.

PLEASE turn form and payment in an envelope **(NO STAPLES)** to the elementary or high school office.

Late entry forms will NOT be accepted after February 21, 2020

Registration Fee: $40 per girl with a maximum of $75 per family.

Please make checks payable to: Seneca East Summer Softball

Are you interested in coaching? □yes □no

Current grade level_____ Position (s)_____

Shirt size: YS YM YL AS AM AL AXL (please circle one)

Please select two numbers for your shirt: 1st choice _____ 2nd choice _____

*****please note that your child will be required to participate in any fundraising that our league participates in.**

**** PLEASE COMPLETE AND SIGN THE HEALTH AND MEDICAL RECORD ON REVERSE ****

Health and Medical Record

Player's Name _____ Birth date _____

I/We know that participation in softball may result in serious injuries and protective equipment does not prevent all injuries to players, and I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless the Seneca East Summer Softball League, the organizers, sponsors, coaches, supervisors, participants, and persons transporting my/our child to and from activities.

Parent's signature _____ Date _____

Health/Accident Insurance
Company _____ Policy # _____

In case of an emergency, notify:

Name _____ Relationship _____

Address _____ City _____ Zip _____

Home phone _____ Other phone _____

Personal Physician _____ Phone _____

The player on this form has or is subject to:

___ Allergy to medicine, food, plant, animal, or insect toxin

___ Asthma	___ Bleeding disorder	___ Convulsions
___ Diabetic	___ Fainting spells	___ Heart trouble

___ Other _____

Please explain below any that have been checked or any other pertinent medical information:

_____

_____

_____

Parent Authorization:

In case of an emergency, if family physician cannot be reached, I hereby authorize my child to be treated by another physician who is available.

Parent signature _____ Date _____