

BAC Girls Traveling Slow Pitch Softball Emergency Information and Consent Form

(Please print all entries except signatures)

Registrant's Name _____ Level and Season _____

Parent Guardian Agreement

I, The Parent/Guardian of the registrant, a minor agree that I and the registrant will abide by the rules of the GTSPS (Girls Traveling Slow Pitch Softball) and its affiliated organizations. Recognizing the possibility of physical injury associated with sports and in consideration for GTSPS accepting the registrant for its sport programs and activities. I hereby release and discharge GTSPS and its affiliated organizations, their employees and associated personnel, including the owners of fields and facilities utilized for the Program, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

Parent/legal Guardian _____

Date _____ Signature _____

Emergency contact Information:

1st Contact: _____
Name Phone Number relationship

2nd Contact _____
Name Phone Number relationship

Physician/Clinic Name Location Phone Number

Dentist Name Location Phone Number

Medical Insurer Policy number/ID

Dental Insurer Policy number

List any medical problems, limitations, or prohibitions the player might have.

CONSENT FOR MEDIAL TREATMENT

As the parent or legal guardian of a participant in the GTSPS program, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the live, limb or well being of my dependent.

Date _____
Signature of Parent or Legal Guardian _____

- Notes:
- 1) High school graduate players over the age of 18 who are not claimed as dependents by their parents may sign this form for themselves.
 - 2) As a portion of the seasonal GTSPS registration Form, the Parent/Guardian Agreement must be signed before a player participates in any activity. This form is to be retained by the Team during the season.
 - 3) If the CONSENT FOR MEDICAL TREATMENT part of this form is not signed by a parent of legal guardians, one of them must accompany that player to and from, and remain in proximity to them, during Program events and activities.
 - 4) If the player wears eyeglasses during play, lenses and frames of a type acceptable to the referee must be provided at the player's responsibility.