

2018-2019

Xtreme Chaos, ASA, USSSA, Pony, Town of Stratford, Erin Babineau Memorial Fund and Erin' Gym

PLAYER NAME: _____

POSITION(s) _____ **Current Age:** ____ **Date of Birth:** _____

Street address: _____

City: _____ **STATE:** _____

Email Address: _____

Email Address: _____

Mother's Name: _____

Tel. Number: _____ **Cell Number:** _____

Father's Name: _____

Tel. Number: _____ **Cell Number:** _____

School Name and Grade (entering in Fall):

MEDICAL:

Any Medical Condition a Coach should be aware of that will reduce player's ability to do strenuous exercise

Any Allergies we need to be aware of

MEDICAL RELEASE

To whom it may concern,

This is to certify that I, parent or guardian of _____ participating in the Xtreme Chaos Girls Fastpitch Softball tryout/practice/clinic/games. Do hereby grant permission to the adult coaches of Xtreme Chaos, ASA, USSSA, Town of Stratford, Pony, Erin Babineau Memorial Fund and Erin's Gym to obtain medical care from EMS, licensed physician, hospital, or medical clinic for the player named herein when either parent or legal guardian cannot be contacted in person or by telephone. I hereby wave, release, absolve, indemnify and agree to hold harmless the coaches, organizers, supervisors and/or participants for any claim arising out of any injury to the above-named player.

Signed: _____

Relationship: _____

Date _____