



City of Wasilla Softball Skills Registration Form

Male _____ Female _____

Grade _____ Age: _____

Birth Date: _____

1001 South Mack Drive
Wasilla, AK
99654
357-9100
www.cityofwasilla.com

FOR OFFICE USE ONLY

CMSC Fee _____
Check _____
Credit Card _____
Cash _____
Session _____
Class Day _____
Time _____

STUDENT'S NAME

_____ last first middle
Mailing Address _____

City: _____ Zip _____ Phone Number _____

Parent/Guardian: _____
Last first
Mailing Address _____
(If different from players)
City: _____ State: _____ Zip _____
Home Phone: _____ cell _____
Bus. Phone _____
Email: _____

Parent/Guardian: _____
Last first
Mailing Address _____
(If different from players)
City: _____ State: _____ Zip _____
Home Phone: _____ cell _____
Bus. Phone _____
Email: _____

Emergency Information

List any medical conditions or allergies: _____

Notification in case of emergency: Doctor _____ Phone _____

Person *OTHER THAN* parent or guardian outside of household: _____ Phone _____

THIS MUST BE SIGNED BEFORE PLAYER CAN PARTICIPATE IN THE SPORTS CENTER PROGRAM!

RELEASE OF LIABILITY

I the parent /legal guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of Curtis D Menard Sports Center. Recognizing the possibilities of physical injuries associated with sports I discharge any/or otherwise indemnify CMSC, its affiliated organizations and sponsors, their employees and associated personnel, against any and all claims.

MEDICAL RELEASE

Participant and/or participant's parent(s)/guardian(s) hereby give consent for emergency medical care prescribed by a duly licensed doctor, hospital or clinic for the above mentioned participant, for any injury that could arise from participation in the event.

Signature of Parent/Guardian

Date