

Registration form

High Intensity Fall Softball Clinic

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| **Name:** |  |
| **Address:** |  |
|  |  |
| **Phone:** |  |
| **Email Address:** |  |
| **Parent/Guardian:** |  |
| **Emergency Contact Number:** |  |
| **SUMMER bALL TEAM** |  |
| **High School:** |  |
| **Grade:** |  | **Age:** |
| **Primary Position:** |  | **Secondary** **Position:** |

**Waiver (Signature Required)**

**I hereby authorize the staff to act for me according to their best judgment in any emergency requiring medical attention. I have no knowledge of any physical impairment that would affect the above participant.**

**Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance Information (Required)**

**Primary Insurance Company**

|  |  |
| --- | --- |
| **POLICY #:** |  |
| **NAME:** |  |
| **ADDRESS:** |  |
| **PHONE:** |  |