

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:** |  |