



# HEARTWELL FASTPITCH SOFTBALL

4182 Viking Way, #203 Long Beach, CA 90808

## 2008 Spring Registration Form

Player's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

I hereby give my consent for the above-named girl to participate in the Heartwell Fastpitch Softball League. I will assume all the risks and hazards that are incidental to the conduct of the activities. I further agree to release, absolve, indemnify, and hold harmless this local league and the National Headquarters; their sponsors, organizers and supervisors of all liability.

I (we) give permission to this league, its officers, or representatives, to provide emergency medical treatment. I (we), the undersigned parent(s) or legal guardian of \_\_\_\_\_, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and/or emergency room staff licensed under the provisions of the Medicine Practice Act and on the staff of any acute general hospital holding a current license to operate from the State of California Department of Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. I understand that effort shall be made to contact the undersigned prior to rendering any treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. Legal insurance shall be used as secondary insurance only.

If parent(s)/legal guardian cannot be reached in an emergency, contact:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_.

**VOLUNTEERS NEEDED!** I would be willing to help as: Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_

Chaperone \_\_\_\_\_ Team Mom \_\_\_\_\_ Auxiliary Board \_\_\_\_\_

**(All volunteers are subject to background check)**

League Sponsorship: Sponsor fees are charitable donations. Taxpayer ID #01-0897165 \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Signature acknowledges all above

\_\_\_\_\_  
Date