



Player Information & Medical Release

Player Information

Player Name: _____ Age: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Shirt Size: Youth / Adult (please circle one) _____

Parent/Guardian Information

Parent/Guardian #1

Name: _____

Phone: _____

Cell: _____

Email: _____

Parent/Guardian #2

Name: _____

Phone: _____

Cell: _____

Email: _____

Emergency Contact name and phone (Other than parent): _____

Medical Insurance/Policy Number: _____

Physician Name: _____ Phone number: _____

Current Medical Conditions (asthma, allergies, medications, contact lenses, etc.)

SC SWAT has my permission to publish photos of my child without compensation ___yes ___no

Medical Authorization/Liability Release

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgement of the attending physician, surgeon or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I understand I hold SC SWAT fastpitch softball and baseball organization, its officers and its agents harmless from any liability or claims which may arise out of or in connection with my child's participation in this activity.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

Internal Use Only:

Tryout #: _____

Team: _____