



PAWS Fastpitch Softball

www.fastpitchcoachpaws.com

COACHES PAUL & WENDY SPENCE • 895-1203

2 EVANS DRIVE • RAYMOND, NH 03077

PAWS72200@COMCAST.NET

PLAYER'S NAME _____

DATE OF BIRTH _____

HOME ADDRESS _____

TELEPHONE NUMBER _____

PARENT/GUARDIAN _____

I as parent/guardian hereby give my consent for the above child to participate in the PAWS Fastpitch Softball program. I hereby agree to assume all responsibility for any injury sustained under any circumstances pertaining to activities in the program. I hereby indemnify and agree to hold blameless the PAWS Fastpitch Softball program, coaches, any facility, and volunteers from any claims arising from all activities for the above child. Further, I agree to provide my child with adequate and proper equipment such as glove, cleats and safety gear.

MEDICAL RELEASE

TO WHOM IT MAY CONCERN:

IN CASE OF EMERGENCY, by authorization of my signature, I allow the PAWS Fastpitch Softball program coaches, any facility volunteers, and volunteers to administer immediate first aid and to make arrangements for emergency transport to a medical facility for the above named child. I hereby indemnify and agree to hold blameless the PAWS Fastpitch Softball program, coaches, any facility, and volunteers from any claims arising from treatment for the above child.

EMERGENCY CONTACT

NAME _____

TELEPHONE _____

ADDRESS _____

RELATIONSHIP _____

PLEASE LIST ANY ALLERGIES, MEDICATIONS, LIMITATIONS, OR SPECIAL NEEDS:

PARENT/GUARDIAN SIGNATURE _____

DATE _____

EMAIL _____