



Newberg Ambush FastPitch Softball Association

2019 Fall Ball/2020 Spring Registration

12U 14U 16U

Player Name: _____ Date of birth: ____/____/____
 Player 2019 Spring Division: _____ 2019 Spring Team Name: _____
 Address: _____
 City: _____ Zip: _____ Home Phone: _____
 School: _____ Grade: _____

Mother/Guardian

Father/Guardian

Name: _____	Name: _____
Cell Phone: _____	Cell Phone: _____
E-Mail: _____	Email: _____

MEDICAL INFORMATION: Does the player have any disabilities/handicaps, current injuries, medical limitations or other significant condition? Yes No
 If yes, please describe in complete detail: _____

The purpose of this information is to ensure that medical personnel have details of any medical concern, which may interfere with or alter treatment.

WAIVER OF LIABILITY AND DISCLAIMER: I, the parent/legal guardian of _____, acknowledge that participation in athletic events or clinics necessarily involves risk of physical injury. I further acknowledge that the programs of NAFSA are primarily administered by parents who volunteer their time. In consideration for accepting the registration of the above-named (player) and permitting the voluntary/paid participation of said player in its programs, I hereby release, discharge, and hold harmless NAFSA, its directors, officers, coaches, volunteers and other representatives from any claims arising out of or relating to any physical injury that may result to said player while participating in NAFSA sponsored events, including but not limited to, injury caused by negligence of any coach, referee, or any official while performing his/her duties during all practices, games, clinics and/or sponsored event.

I hereby give my consent for NAFSA to use my player's photograph and likeness to be used in its publications, including its website.

EMERGENCY AUTHORIZATION: I, the undersigned parent or legal guardian of the player (a minor), hereby authorize the coaches, assistant coaches, or parents of the team members acting in the capacity of activity supervisors, as my Agents, to consent to medical, surgical, dental examination and/or treatment. In case of emergency, I hereby authorize the treatment and/or care at any hospital.

Signature of Parent/Legal Guardian: _____ **Date:** _____