

Vista Girls Softball

Parent/Guardian Information

Child (Player's) Name: _____
Last First M.I.

Address: _____

City: _____ State: _____ Zip: _____

Birth date: ____/____/____ Telephone: _____

Father/Guardian name: _____
Last First M.I.

Telephone (day): _____ (eve.): _____

Does this parent/guardian live at the same address as the child? Yes No If no, list address:

Is this person authorized to pick up the child following softball activities? Yes No

Can this individual be contacted in case of illness or injury? Yes No

Mother/Guardian name: _____
Last First M.I.

Telephone (day): _____ (eve.): _____

Does this parent/guardian live at the same address as the child? Yes No
If no, list address:

Is this person authorized to pick up the child following softball activities? Yes No

Can this individual be contacted in case of illness or injury? Yes No

In addition to parents/guardians noted above, please list all individuals who are authorized to pick up your child from softball activities:

Name: _____ Relationship: _____

Telephone (day): _____ (eve.): _____

Name: _____ Relationship: _____

Telephone (day): _____ (eve.): _____

Name: _____ Relationship: _____

Telephone (day): _____ (eve.): _____

Is your child allowed to walk home by themselves after a softball activity? Yes No

Only those authorized by this document will be allowed to pick up your child unless your child presents a signed and dated note authorizing another individual for that date.

Emergency Release:

Do you give permission for the adult in charge to take your child to a medical facility, if necessary? Yes No

If none of those identified previously can be contacted, do you consent to treatment for your child under the supervision of and as deemed advisable by a physician licensed under the Medicine

Practice Act and pursuant to Section 25.8 of the California Civil Code? Yes No

Publicity Release:

Vista Girls Softball frequently documents activities and events for public relations and promotional purposes.

Do you give your permission for your child to be seen in photographs or other visual images used for these purposes? Yes No

I understand that all permissions, releases and authorizations given in this document are for the season beginning January 1, 2014 and ending December 31, 2014. I understand I am responsible for notifying the team manager immediately in writing of any changes in this information.

Parent Acknowledgement and Consent

I hereby give my consent for the above named girl to participate in the Vista Girls Softball League during the **2014** season(s). I will assume all risks and hazards that are incidental to the conduct of the activities. I further agree to release, absolve, indemnify, and hold harmless VGS, ASA, and their sponsors of all responsibility. I (we) give permission to this league, its officers, or representatives, to provide medical treatment in the case of an emergency. **LEAGUE INSURANCE SHALL BE USED AS SECONDARY INSURANCE ONLY.**

ALCOHOL AND TOBACCO POLICY: The possession of alcoholic beverages is prohibited by public laws at all VGS play sites.

City of Vista and ASA rules prohibit the use of tobacco products at the playing fields. Smoking is only permitted in the parking lots.

CODE OF CONDUCT: All participants and parents will be required to sign and adhere to the VGS Codes of Conduct.

VGS may take and use photos of participants for publicity and other purposes related to the promotion of the Vista Girls Softball League. Photos may be used on the VGS website, in the Yearbook, or in other media publications. I (we) hereby grant VGS permission to use, and release VGS from any obligation or liability arising from the use of, my and the participant's likeness, name, voice, and words in any electronic or print media.

Parent Signature Acknowledges All of the Above

Date