



**Interior Girls Softball Association
2021-2022 WINTER CLINIC
REGISTRATION FORM**

Player's Name: _____ Birth Date: _____

Contact Phone: _____ School Player Attends: _____

Mother's Name: _____ Contact Phone #: _____

Father's Name: _____ Contact Phone #: _____

Mailing Address: _____ Contact Email: _____

PARTICIPATION and MEDICAL TREATMENT CONSENT

I/we, the parent(s) of (enter player's full name) _____, hereby give my/our approval for my/our child to participate in any and all Interior Girls Softball Association activities. I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless the Interior Girls Softball Association (IGSA) and/or its organizers, sponsors, supervisors, participants, and person for any injury to my/our child during any IGSA activity and/or the transportation to and from an IGSA activity. This is regardless of whether or not said injury is the result of negligence or any other cause during any IGSA activity and/or the transportation to or from an IGSA activity or to a facility for medical treatment. I/we hereby give my/our consent, in the event of injury or illness, for emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of the above named youth. I/we consent for my/our child to be examined and/or treated by a physician, qualified nurse, certified athletic trainer, and/or hospital if my/our child is injured or becomes ill during the transportation to or from an IGSA activity or during participation in an IGSA activity. I/we agree to hold harmless any member of the IGSA and/or its sponsors, supervisors, participants, or persons who attempt to provide transportation or assistance to my/our child in the event of any injury or illness.

Parent/Guardian Signature

Date

PLAYER FEE: ___ \$60 Oct – Apr ___ \$5 Daily
(Please make checks payable to IGSA)

METHOD of PAYMENT: CHECK # _____ CASH _____ CHARGE CARD: _____

PAYMENT RECEIVED BY: _____