CLUB REGISTRATION FORM

Player Name (first and last)			
Birthdate (m/d/y)			
Current School		**Current Grade Level**	
Parents (Guardians)			
Home Phone Number		**Work Phone Number**	
Parent Cell Phone		**Player Cell Phone**	
Address (Street, City, State, Zip)			
Parent E-mail			
Player E-mail			

Emergency Authorization

I, the undersigned parent/guardian of the above named player, a minor, do hereby give the coach and assistant coaches of SPOKANE CRASH SOFTBALL, or any team parent acting in the capacity of activity supervisors/vehicle drivers, legal authorization to consent to medical/surgical/dental examination, treatment, etc. required by said player and to sign for her subsequent release from the treating facility. In case of an emergency, we authorize treatment and/or care at any hospital.

List any respiratory or allergy concerns: _____

List medical insurance provider: _____

List any medications taken regularly: _____

List name of primary physician: _____

Release of All Claims & Participant Expectations

I, the undersigned parent/guardian, understand that the participation of the above-named player (daughter), a minor, in any activity related to SOFTBALL may involve the risk of injury. I have discussed this with my daughter and she understands. Therefore, we do assume all risks of personal injury which may result and agree to hold all coaches, volunteers, and others, and facilities, harmless from any and all liability which may result from any injury.

Also, by signing **we agree to read and do our best to comply with the Participant Expectations outlined on the CRASH website**. We understand the document is a living document and we will do our best to review the document multiple times throughout the season. We will also encourage family members/friends to comply with the expectations when they attend CRASH events.

_____ Date _____
(Signature of parent/guardian)

_____ Date _____
(Signature of player)