

*Julie Standerling's Minnesota Fastpitch Academy (MFA)*

**Athlete's First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **Graduation Year (HS)** 20 \_\_\_\_\_

Date of Birth(---/---/----) \_\_\_\_\_ Age \_\_\_\_\_ Name of Camp or Clinic \_\_\_\_\_

Parent Email address \_\_\_\_\_ Player Email address \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Phone Numbers:** Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Primary Position \_\_\_\_\_ Secondary Position \_\_\_\_\_  
(NOTE- Pitching Clinic Only-bring your own catcher.)

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_ Date of Last Tetanus Shot \_\_\_\_\_

Current Medications \_\_\_\_\_ Current Medical Conditions \_\_\_\_\_

**I hereby authorize the staff of Julie Standerling's Minnesota Fastpitch Academy, LLC. to act for me according to their best judgment in any emergency requiring medial attention and I hereby waive and release Minnesota Fastpitch Academy, LLC. from any and/or all liability for any injuries or illnesses incurred while at Camp or in transportation to a medical facility, except for injury resulting directly from gross negligence or willful misconduct. I have no knowledge of any physical impairment that would be affect by the above named camper's participation in the Camp program as outlined in the brochure. I also understand the Camp retains the right to use for publicity and advertising purposes photographs of campers taken at the Camp.**

**Parent's or Guardian's Signature** \_\_\_\_\_

**MEDICAL INFORMATION AND RELEASE OF LIABILITY**

Event \_\_\_\_\_

Organization Conducting Event \_\_\_\_\_ Julie Standerling's MINNESOTA FASTPITCH ACADEMY (MFA) \_\_\_\_\_

**Participant's Name** \_\_\_\_\_ (please print)

Address \_\_\_\_\_  
(street) (city) (state, zip)

**Contact person in case of emergency:**

Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone \_\_\_\_\_

Medical conditions, impairments and allergies of which the staff of MFA should be aware:

\_\_\_\_\_  
(Insert "none" if none)

\*\*\*\*\*

**I understand and agree that some activities occurring as a part of or incidental to the Event may be of a hazardous nature and/or include physical and/or strenuous activity. Understanding this, I state that I have no medical condition or impairment, including the use of medication that might inhibit my active participation in the Event named above. In the case of an injury or medical emergency, I authorize the staff or employees of Organization to render first aid and/or obtain whatever medical treatment he/she deems necessary for my welfare. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said treatment regardless of whether my medical insurance would cover such charges and fees. I have read and understand agree to the terms and conditions of this release.**

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**(If participant is under the age of 18, Parent/Legal Guardian's signature)**

**I am the parent or legal guardian of the minor \_\_\_\_\_ and am signing this release on behalf of the minor. (Print child's name)**

**Julie Standerling's MINNESOTA FASTPITCH ACADEMY**  
**www.minnesotafastpitchacademy.com**  
**ph 612-581-0021**

***PASSION. INTEGRITY. EXCELLENCE. CREATING CHAMPIONS FOR LIFE.***