



# 2023-24 Fastpitch Season

## Geneva Foxes Fastpitch Softball Player Registration & Waiver Release Form

Player's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age as of 12/31/23 \_\_\_\_\_

Street Address: \_\_\_\_\_ Division: 12U 14U 16U 18U

City, State, Zip Code: \_\_\_\_\_ School Attending: \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Email Address: \_\_\_\_\_

### PRIOR TRAVEL SOFTBALL EXPERIENCE / SPECIAL SKILLS

Has your daughter played for the Foxes previously?  No  Yes If Yes, which season(s)? \_\_\_\_\_

Has your daughter ever played travel softball?  No  Yes If Yes, please list the teams by year below:

2022-23 \_\_\_\_\_ 2021-22 \_\_\_\_\_ 2020-21 \_\_\_\_\_

Please list the primary position(s) that she plays: \_\_\_\_\_

Any special skills or outside training that we should be aware of (ex: slap / switch hitter, pitcher, etc.)? \_\_\_\_\_

### PARENT/GUARDIAN CONTACT INFORMATION

Name: \_\_\_\_\_ Relationship to player: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to player: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Emergency Contact (other than parent/guardian): \_\_\_\_\_ Relationship to player: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Phone #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Insurance Provider: \_\_\_\_\_

### WAIVER AND RELEASE OF LIABILITY

**Hold Harmless:** I realize that softball like any other sports is a game where there are risks of injury. I acknowledge this and hold harmless and blameless the Geneva Foxes Fastpitch Softball, Inc. organization, its agents, coaches or affiliates for any and all liability because of injury sustained by the above-named player resulting directly or indirectly with her participation in the above named softball organization or related activities due in whole or in part to the negligence of the above named softball organization, its agents, coaches or affiliates.

**Hospital Release:** The above-named player has my permission to engage in all Geneva Foxes softball activities and related activities for the 2023-2024 season. In the event of injury, I give my permission to hospitalize and give proper treatment for the above-named player.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### FOXES USE ONLY

Tryout Number: \_\_\_\_\_

Date Attended: Session 1 \_\_\_\_\_

Date Attended: Session 2 \_\_\_\_\_