

Champlin Park Fastpitch Association (CPFA)

Waiver of Liability, Proof of Insurance, and Emergency Authorization:

I, the parent/guardian, hereby give my consent for my daughter named on this form to participate in the CPFA Softball program for 2018.

I know that participation in softball and related activities may result in serious injuries and that such injuries may occur even when protective equipment is used and I hereby waive, release, and agree to indemnify and hold harmless CPFA, the organizers, sponsors, supervisors, participants, and agents of CPFA for any claim arising out of an injury to my child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

I, the parent/guardian, hereby give permission for the child named on this form to be admitted into a hospital or to be treated by a physician for any injury incurred while playing, being transported to or from, or as a spectator at any activity with CPFA.

By signing your name below, you hereby confirm that you agree to this waiver and have indicated proof of medical insurance.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____ Date: _____

Player Information:

Last Name: _____ First Name: _____

Emergency Contact Name: _____ Emergency Contact Number: _____

Medical Insurance Carrier: _____ ID Number: _____

Doctor's Name: _____ Doctor's Phone Number: _____