

Parental Consent and Release Form

I, the undersigned _____, am the parent or legal guardian of the child/youth named _____, who was born on ____/____/____ and resides at the following address: _____.

For any situation, I assure that I will be available for the phone call at (____)____-_____

As a parent or legal guardian, I affirm that I have been completely informed of all the sport activities that the child/youth will participate in. I understand the general structure of the sport activities/programs and do not need to be informed of each and every activity.

My child currently has/has had the following conditions/diseases:

,and these allergies:

I hereby voluntarily release, forever discharge the community, the corporation(s); International Slow Pitch Softball, Inc., USA Slow Pitch Softball, Inc., its officers, directors, employees, staff, volunteers, sponsors, partners and agents from any and all claims, demands, or causes of action, which are connected with my child's participation in the programs or the use of the equipment and facilities.

I agree to pay for any and all medical expenses incurred and give permission to the doctor or health care professional to provide medical care if necessary.

The information I've given in this form is complete and accurate. By signing this form on ____/____/____, I confirm that I have fully informed myself of the contents of this Parental Consent and Release Form by reading it before I signed it. I warrant that I possess all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

SIGNATURE OF PARENT/LEGAL GUARDIAN

PRINT PARENT/LEGAL GUARDIAN FULL NAME