

ULSTER JUNIOR OLYMPIC GIRLS SOFTBALL TEAM, LTD.

Ulster Fillies

Release of Liability and Medical Information

Player/Participant Name _____ **Date of Birth** _____

Parent Name _____ **E-mail address** _____

Address _____
Street City State Zip

Home Phone _____ **Cell Phone/Pager** _____

Emergency Contact _____ **Phone** _____

Physician _____ **Phone** _____

Insurance Company _____ **Policy #** _____

Allergies or Medical conditions _____

Player/Participant name _____.

In consideration of being allowed to participate in any Ulster Fillies clinic, tryout, practice, game or fund raising event, the undersigned acknowledges, agrees, and understands:

- 1) The risk of injury from any and all Ulster Fillies activities is evident and while particular rules, equipment, and personal discipline may reduce that risk, the risk of serious injury does exist.
- 2) I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my daughter's participation.
- 3) I hereby "release and hold harmless" the organizers, coaches, and board members of the Ulster Fillies with respect to any valid injury, disability, death, to include, the loss or damage to personal property.

Section B

I am the parent/legal guardian of the participant, a minor. I agree with the appropriateness of this release and assumption of risk".

At any time that I (we) as parent(s)/legal guardian(s) are not in attendance at a Fillies event, I (we) authorize the staff of the Ulster Fillies to act on our behalf to consent to such medical treatment for my child as may be deemed medically necessary.

Parent/Legal guardian _____

Signature

Date