

DYSA Girls Fastpitch Softball

P.O. Box 374 Davis, CA 95617



Waiver of Liability and Emergency Authorization:

I, the parent/guardian, hereby give my consent for my daughter named on this form to participate in the DYSA Spring Softball program for the 2018 season. 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 DYSA, the organizers, sponsors, supervisors, participants, and agents of DYSA 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 DYSA.

By signing your name below, you hereby confirm that you agree to this waiver.

Parent/Guardian Signature: _____

Date: _____

Player Information:

Last Name: _____

First Name: _____

Middle Initial _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Doctor's Name: _____

Doctor's Phone Number: _____

Does the player have medical insurance? Y / N

Name of Insurance Carrier: _____