

Kilgour Softball Registration Form

Player's Age: _____ Player's Date of Birth : _____

Player's Name : _____

Address : _____

Parents/Guardians Name : _____

Phone # (home) : _____ (Cell) _____

E-mail Address : _____

Current Grade : _____

New Player

Played Previously

Consent for Emergency Medical Treatment

We the parent\guardian of _____ give permission for emergency medical treatment of our child for illness or accident if we cannot first be contacted.

Emergency Phone : Parent/Guardian : Name : _____
Phone : _____

Person to notify other than parent in case of emergency : Relationship :

Name : _____ Phone : _____

Does your child have any allergies or require any special medications : YES NO

Explain : _____

We hereby agree that Kilgour/CPS - its member, coaches, or officers shall not be liable for any injury or loss which my child or children may sustain while participating in the spring softball program. And we agree to indemnify and hold harmless Kilgour/CPS - its members, coaches, officers of designates of any kind from any claim whatsoever.

I am interested in coaching. YES NO

Parent/Guardian Signature

Date