



REGISTRATION FORM

Player Information (Please Print)

Name: _____ Birthday: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Information (Please Print)

Parent/Guardian: _____ Spouse: _____

Home Phone: _____ Cell Phone: _____

Primary E-mail: _____

Emergency Contact: _____ Phone: _____

Medical Form (Please Print)

Medical Insurance Provider: _____ Policy/Group Number: _____

Physicians Name: _____ Physician Phone #: _____

Medical Condition(s) (e.g. allergies or chronic illnesses): _____

PARENTAL CONSENT FORM:

I/We the parent(s)/guardian(s) of the above name player hereby give my/our approval to participate in any and all Delta Diamonds activities, including transportation to and from all events. We understand that participation in sports, including softball, may result in serious and/or permanent injury and that protective equipment does not prevent all injuries to players. All such risks to my/our child are known, and I/We assume all risks incidental to her participation, including transportation to and from activities. Further, I/We confirm that my child is in good physical condition and fully capable of the physical activity required for participation in this sport. I/We authorize emergency treatment of any injury or illness my child may experience if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I/We cannot be reached and a reasonable effort has been made to do so. We also authorize the Delta Diamonds to use softball related pictures or videos of my/our child on the organization website.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____