

# Colby Hornet Athletic Booster Club

## Rookie League Player Information and Authorization Sheet

Name: \_\_\_\_\_  
Current Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Check one: Boy \_\_\_\_\_ Girl \_\_\_\_\_  
Shirt size: \_\_\_\_\_  
(Check one) Youth Youth Youth Adult Adult Adult Adult  
Small Medium Large Small Medium Large X-Large  
6/8 10/12 14/16

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### **Medical Authorization**

I give permission for my child to be seen by a doctor in case of an emergency and assume responsibility.

Family Physician: \_\_\_\_\_  
Family Dentist: \_\_\_\_\_  
Medical Restrictions/Comments: \_\_\_\_\_  
\_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **Parent Authorization Form**

As Parent/Guardian of the above named player, I do not hold the Colby Hornet Athletic Booster Club, or any of its members or coaches, liable for injuries resulting from or during any practices or games or transportation to and from these events. I, also verify that the above named participant is covered under a family health insurance plan. I understand that without a parent or guardian signature below and without a signed Medical Authorization above, my child will not be allowed to participate in any practices or games.

I also understand that the Colby Hornet Athletic Booster Club reserves the right to revoke the participation of any athlete whose conduct is deemed inappropriate or harmful to themselves, other participants, coaches, and/or property. I want participation in youth activities through the Colby Hornet Athletic Booster Club to be a positive experience for all by promoting sportsmanship and cooperation.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_