

Colby Hornet Athletic Booster Club

Softball 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

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: _____

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: _____