



2011
FAST WIZARDS SOFTBALL
PLAYER'S CONTRACT

PLEASE PRINT CLEARLY

Player's Name Birth date 2011 WIZARDS COACH & AGE DIV
Address City State Zip
Home Phone Players Cell Parents Cell
Parents Name Parent's E-Mail (print clearly)
Player's E-mail (print clearly) Age Division (circle one) 8U 10U 12U 14U 16U 18U 18over
Player's 2010 Travel Softball Team and Coach

Players agree to abide by all Wizard team regulations, including personal conduct and responsibility. A player agrees to attend all mandatory practices and games. Players will not play on another travel team in the 2011 summer season without the written consent of the program Director. Player and Parents agree to the payment arrangements as outlined below and understand that without full payment or permission by the league director, uniforms will not be issued and player will be removed from the roster. Players may be suspended from the team for violation of any team rules or failure to abide by the payment plan listed below. All money paid is non-refundable. Players agree to commit to the tournament schedule as presented by their coach.

My daughter has permission to play softball for the FAST/Wizard Girls Softball Team. I will not hold FAST/Wizard Administrators, coaches, athletic field owners, sponsors, or their representatives responsible for injuries, damages, or losses that my child may incur during the softball season.

Parent/Guardian Signature Date
Player Signature Date

Payment Policy

\$200.00 deposit is required to hold a spot on the Wizard Team.
\$200 payment due by Nov. 1, 2010
Balance in full is due by February 1st, 2011.
Cost for 10U is \$450, 12U-18U \$550, COSTS ARE BASED ON 5 TOURNAMENTS - team costs will vary depending on # of tournaments entered.
Returning players from 2010 that do not need new uniforms may deduct \$80 from their total fee.

UNIFORM INFORMATION: Jersey Adult or Youth Size
For new Wizard Shorts Adult or Youth Size
Players Only Number Choices 1st 2nd 3rd

DO YOU HAVE A WIZARD UNIFORM to use for the 2011 season? IF YES WHAT SIZE WHAT NUMBER

Make checks payable to WIZARDS FASTPITCH and mail to Karen Schnitkey, 338 Wilkshire Dr., Waterville, OH 43566. Email k.schnitkey@yahoo.com or fast2home@yahoo.com for more information or call Martin at 419-343-4716.



## Liability Waiver and Medical Release Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Coach Name \_\_\_\_\_

My daughter has permission to play softball for the FAST/Wizard Softball League. I will not hold FAST members, coaches, athletic field owners, sponsors, or their representatives responsible for injuries, damages, or losses that my child may incur during the softball season.

### **10U 12U 14U Players ONLY**

*We understand that the FAST/Wizard Program strongly endorses the use of a facemask for all infielders, especially 1<sup>st</sup>, 3<sup>rd</sup> and pitching positions. FAST/Wizards requires that all players in the 10U, 12U, and 14U age division must wear a protective facemask while playing the 1<sup>st</sup>, 3<sup>rd</sup> or pitchers positions.*

### **16U and 18U Players ONLY**

*Though it may be rare, we also understand that serious injuries and death may occur if a fielder is hit in the head by a ball. In spite of these warnings, we waive the use for our daughter to wear a facemask in the 16U and 18U division and request that she is allowed to play without one.*

### **Medical Authorization**

Doctor's name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co. Account/group number \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Known Medical Condition \_\_\_\_\_

\_\_\_\_\_

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I hereby give my consent for immediate medical/emergency treatment, if I am not available at the time of injury.

Comments or special instructions:

\_\_\_\_\_

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Parent/Guardian Signature

Date

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Player Signature