



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 1st, 3^d 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 1st, 3^d 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 _____

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

Comments or special instructions:

Parent/Guardian Signature

Date

Player Signature