



2010 REGISTRATION FORM

Lowell Xtreme Softball Club is an organized softball club giving players softball experience on a competitive level. Xtreme enriches their lives by building strong friendships, self-confidence and character. The club stresses sportsmanship, honesty, commitment and strives toward perfection as a team.

-----**PLEASE PRINT ALL INFORMATION CLEARLY BELOW**-----

Player Name _____

Address _____ City _____ State/Zip _____

Email Address _____

Home phone _____ Alternate Phone(s) _____

Parent/ Legal Guardian Names _____

Date of birth _____ Age, as of January 1, 2010 _____

-----**MEDICAL INFORMATION**-----

Please list any/ all medical concerns you wish to share with us:

In case of emergency please contact: _____

Relationship to player _____

Phone(s) _____

Name of Medical Provider (Doctor) _____ Phone _____

Insurance Company _____

As a parent or legal guardian of the participant named above, I do hereby authorize the Lowell Xtreme Softball Club staff to seek any medical treatment which is reasonably thought to be necessary for the care of my child.

Signature _____ **Date** _____



WAIVER FORM

This, a waiver and release of liability form, must be filled out for each participant joining in any Lowell Xtreme Softball event.

I, the undersigned parent/guardian of the participant listed below, do hereby give permission for her to attend and participate in any Lowell Xtreme Softball Club event for the current year.

I understand that by attending and participating in these events there is a possibility of physical illness or injury to her, which could include paralysis or death. I hereby waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against Lowell Xtreme Softball club. I understand that I will be notified as soon as possible in the event of an emergency. All expenses of such treatment will be assumed by my insurance company or me.

I have carefully read this agreement and fully understand its content. I am aware that this is a release of liability. I understand that this release is a contract. I sign it of my own free will.

-----PLEASE PRINT AND WRITE CLEARLY-----

Participant's name printed _____

Participant's address _____

City _____ State _____ Zip _____ Today's date _____

E-Mail _____

Parent/Legal Guardian's Signature (if participant is under 18):
