



10U REGISTRATION FORM- 2010

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 an emergency please list a contact other than a parent, their relationship to the player and phone number(s) to reach them at:

Phone(s): _____

Name of 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 name printed: _____

Parent/Legal Guardian name printed: _____

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