

C.H.A.N.T Chargers Softball Registration

Date ____/____/____

PLAYER's Last Name _____ First Name _____

Player's Current Grade _____ Player's DOB ____/____/____

Player's Height _____ Ft. _____ In. Weight _____ lbs. Jersey Size _____ Pant Size _____

Parent's or Legal Guardian's Names _____

Mother's Mobile Phone _____ - _____ - _____

Mother's Personal Email _____

Father's Mobile Phone _____ - _____ - _____

Father's Personal Email _____

Responsible Adult Phone _____ - _____ - _____ Relationship _____

Any Allergies Or Special Medical Conditions To Consider? _____

Please Use The Area Below To Explain Any And All Previous Fastpitch Softball Playing Experience.

Insurance? Yes No Insurance Co. Name _____ Policy # _____

Physician Name _____ Physician Phone Number _____

Please Carefully Read The Following Paragraphs Then Sign Below.

We, as parents/legal guardians of the child-participant, give our permission for our child to fully participate in this sport's activity. We give our permission to take said participant to a doctor or hospital and authorize medical treatment, including but not in limitation to, emergency surgery or medical treatment. In the event medical treatment for my child may become necessary and we, the parent(s)/legal guardian, and our family physician cannot be contacted prior to any emergency medical treatment, we authorize a CHANT Coach or a Current Board Member to choose a reputable physician.

For the safety of all parties concerned, prior to playing in any sport with the CHANT organization a CHANT Medical Liability Release Form and a completed Sports Physical need to be on file with the CHANT Organization. If CHANT does not have proof of these documents prior to the first scheduled game you will be asked to provide them before your child will be allowed to play on this CHANT sport's team.

Please indicate that you have read and will comply fully with the above stated paragraphs by printing and signing your name below, along with today's date. The CHANT organization and the Board Members appreciate your cooperation.

Parent or Legal Guardian Printed Name

Parent or Legal Guardian Signature

Date