



CAPITAL DISTRICT CROSSFIRE GIRLS FASTPITCH SOFTBALL

**PARENTAL AUTHORIZATION MEDICAL RELEASE FOR PARTICIPATION
IN CAPITAL DISTRICT CROSSFIRE SOFTBALL ACTIVITIES**

I, as the parent or guardian of (Player's Name)

Do hereby give my approval for their participation in any and all SOFTBALL activities. I hereby grant my permission to managing personnel or other team representatives to authorize and obtain medical care, at my expense, from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in team activities away from home, or where neither parent or legal guardian is available to grant authorization for emergency treatment. I assume all risks and hazards incidental to my child's participation, including transportation to and from the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the Capital District Crossfire organization, the organizers, sponsors, supervisors, participants, Coaches, Manager and persons transporting the player to and from the activities, for any and all Claims arising out of an injury to the player.

I further agree to furnish a certified birth certificate for the player, Accident insurance for this player is provided by:

Insurance Company: _____

Policy or Certificate Number: _____

Doctors Name: _____

Doctors Contact Number: _____

Signature of Parent or Guardian

Print Name

Date: _____

Please submit form to cdcrossefire@gmail.com