

SOMERSET HILLS HEAT SOFTBALL CLUB

WAIVER OF LIABILITY

Child: _____

Coaching Staff: All coaches, assistants, and managers associated with Somerset Hills Heat.

Somerset Hills Heat: All representatives, board members, secretaries, and assistants associated with Somerset Hills Heat.

I, the undersigned parent/guardian of the registrant, a minor, agree that I the registrant will abide by the rules of the league and affiliated organizations. The undersigned acknowledges that in consideration of the child being allowed to participate in softball activities held by the coaching staff and Somerset Hills Heat, the undersigned hereby agrees, on behalf of the child, the undersigned and his or her heirs, legal representatives, guests, and invitees, that: 1) The undersigned hereby accepts and assumes any and all risks resulting from attendance and participation of the child in such activities and any injuries which occur from such activities or presence at facilities which such activities take place; 2) The undersigned hereby further acknowledges and recognizes that softball activities may be dangerous and may possibly result in injury and assume this risk on behalf of the child; 3) The undersigned hereby releases the Coaching Staff and Somerset Hills Heat from any and all liability, fines, or other matters arising from such softball activities or presence at such softball facilities; and 4) The undersigned hereby agrees to indemnify & defend and hold harmless the Coaching Staff and Somerset Hills Heat from any and all claims, demands, expenses and liability, whether for personal injury, death, damage, or otherwise to the child or the undersigned and which in any way arises to the softball activities or presence at the softball facilities.

Parent/Guardian Signature: _____

Somerset Hills Heat Permission Slip

Date: _____

Uniform Fee: \$50(due immediately); *Make All Checks Payable to: Somerset Hills Heat*

Tournament fee: \$50(due immediately); *Please be advised, there will be fees for all future tournaments.*

I hereby give my permission for (Child's Name): _____

Parent/Guardian Signature: _____

SOMERSET HILLS HEAT

442 ROUTE 202-206 NORTH, No. 483 - BEDMINSTER, NJ 07921-1522

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MEDICAL RELEASE/EMERGENCY INFORMATION

In case of emergency, if family physician can not be reached; I hereby authorize my child to be treated by Certified Emergency Personnel (i.e., EMT, First Responder, ER Physician).

Child's Name: _____ **Division of Play:** _____

Parent/Guardian: _____ **Home Phone:** _____

Address: _____

Emergency Contact Name: _____ **Relationship to Child:** _____

Family Physician: _____ **Phone:** _____

Medical Policy (Company & Number): _____

Please list any allergies/medical problems including, those requiring maintenance medication (i.e., Diabetic, Asthma, and Seizures). This information is to ensure that medical personnel have details of any medical problems which may interfere with treatment.

Medical Diagnosis: _____ **Medication:** _____

Dosage: _____ **Frequency of Dosage:** _____

Date of last Tetanus Booster: _____

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of Somerset Hills Heat, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with softball and, in consideration of Somerset Hills Heat accepting the registrant for its programs and activities, I hereby release, discharge and/or otherwise indemnify Somerset Hills Heat and associated personnel against any claims by or on behalf of the registrant as a result of the registrant's participation in the programs. I, parent/guardian certify that said minor has had regular check-ups by her physician and is physically fit to play softball. I understand as the parent/guardian that my child in the event of an emergency where my child may require immediate treatment, that this treatment may be administered by the coach, a Somerset Hills Heat, or a duly licensed doctor or dentist under whatever conditions are necessary to preserve life, limb, or well being of the registrant.

Parent/Guardian Signature: _____

Date: _____

Print Name: _____

No child will be considered eligible to play softball until this form has been received.

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