



2014 Valley Stompers Registration Form

Registration Date: _____

Player No: _____ ASA Age: _____

2013 ASA Division: (circle one)
10A 12A 14A 16A 18A 18G

Head Coach: _____

Please leave this box blank

PLAYER INFORMATION

Player Name: _____ Birth Date: _____ Grade: _____
 Address: _____ School: _____
 City: _____ ZIP: _____ Player's E-Mail: _____
 Home Phone: _____ Cell Phone: _____

PARENT INFORMATION

Relationship: _____	Relationship: _____
Name : _____	Name : _____
Address: _____	Address: _____
Parent 1 Phone _____	Parent 1 Phone _____
Parent 1 Email _____	Parent 1 Email _____

CONSENT TO TREAT & RELEASE FORM

Separate Valley Stompers Release Form Required

Known Allergies: _____ Emergency Contact Name : _____
 Physical or other limitations Coaches need to know (confidential): _____ Emergency Contact Phone : _____
 _____ Family Physician : _____
 _____ Physician Phone : _____
 Insurance Company: _____ Policy#: _____ Group#: _____

CONSENT FOR EMERGENCY MEDICAL CARE

**I do hereby allow emergency medical treatment without delay for
in the event I am not immediately available to give consent.** _____
Player's Name

I am the parent or legal guardian of the above-named girl who wishes to participate in organized softball under the auspices of the San Ramon Valley Girls Athletic League and/or the Amateur Softball Association of America. I understand that softball may be a hazardous activity which might subject participants to serious injury. Nevertheless, I, on behalf of my daughter or ward, myself and my spouse, hereby agree to assume all risk to which my daughter may be subject due to her activities and participation, directly or indirectly, in connection with the San Ramon Valley Girls Athletic League, and do specifically release, absolve, indemnify and hold harmless the San Ramon Valley Girls Athletic League, its officers, directors, sponsors, organizers, managers, coaches, supervisors, and employees from any and all liability resulting therefrom.

Original Parent Signature DATE: _____