



Northwest Blaze Player information

2012 season

Players name:	
Age:	
Date of birth:	
Player e-mail:	
Players cell phone #	
ASA #:	
Throws (Left/Right)	
Bats (Left/Right)	
Year of Graduation	
High School/ coachs#	
H.S positions played	
2011 ASA team/ level	
2011 ASA coach / ph#	
ASA positions played	
College attending	
Allergies:	
Current medications:	
Family doctor:	
Medical conditions:	
Doctor's phone:	

Parent's/guardian's name:	
Address:	
Home phone:	
Work phone:	
Cell phone:	
E-mail:	
E-mail:	
Parent's/guardian's name:	
Address:	
Home phone:	
Work phone:	
Cell phone:	
E-mail:	
E-mail:	
Notes:	

The Participant and/or participant's parent(s)/ guardian(s) acknowledge, understand and assume all risks inherent with participating in this Softball /tryout. I, the parent/guardian of: _____, hereby give my consent for their participation. in "Northwest Blaze" program/tryout. Also, I hereby release, indemnify and agree to hold harmless "The Northwest Blaze" and any of its directors, officers, coaches, agents, affiliates, sponsors, and associated personnel against any legal claim by or on behalf of the participant as a result of participation in the program. I also give my consent for all emergency medical care to be provided in the event I am not able to be reached.

Parent/Legal Guardian (please print): _____

Signature: _____ **Date:** _____ **Hospital to be transported :** _____

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