



TACONIC HILLS GIRLS SOFTBALL
Grades K – 8

*****FINAL SIGN UP DATES*****

Dates

Sunday March 28, 2010

Sunday April 11, 2010

Time

12:00pm – 4:00pm

Location

**In front of the Middle School & High School
Gymnasiums**



**TACONIC HILLS GIRLS SOFTBALL
PLAYER SIGN-UP FORM**

PLAYER INFORMATION:

NAME _____ DOB _____

ADDRESS _____

AGE AS OF JANUARY 2010 _____

EMAIL ADDRESS _____

CONTACT INFORMATION:

MOM'S NAME _____

ALL CONTACT #'S _____

DAD'S NAME _____

ALL CONTACT #'S _____

EMERGENCY INFORMATION:

NAME & PHONE #'S _____

TACONIC HILLS GIRLS SOFTBALL
Medical Release

Player _____ Date of Birth _____

Address _____

Team Name _____ Age _____

In case of emergency, if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel.

Family Physician _____ # _____

Hospital Preference _____

In Case of Emergency contact

Name: _____ # _____

Name: _____ # _____

Please list any allergies/medical problems, including those requiring a maintenance medication (Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem, which may interfere with or alter treatment.

Signature of authorized Parent or Guardian