

Delran Athletic Association Release Form

PLAYER INFO

NAME _____ AGE _____ D.O.B. _____

PARENT/GUARDIAN NAME _____

ADDRESS _____

CITY _____ STATE/ZIP _____

PHONE _____ CELL _____

EMAIL _____

SCHOOL ATTENDING _____ GRADE _____

EMERGENCY

CONTACT _____

NAME _____ RELATIONSHIP _____

PHONE _____ CELL _____

WAIVER / MEDICAL

RELEASE _____

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I release and hold harmless the Delran Athletic Association from any and all liability to me or my child as a result of attending any Delran Athletic Association lesson, tryout and/or program. I understand I will not be insured by Delran Athletic Association in any capacity. By signing I agree to fully and forever release, discharge, indemnify, and hold harmless the Delran Athletic Association, its volunteers, officers and coaches, from any and all liability for any type of personal injury, including death, as well as property damage that I or my child may sustain as a result of participating in any lessons and/or programs.

I hereby authorize in advance any necessary medical treatment required by my child or myself while attending any Delran Athletic Association's lesson, tryout and/or program. I also acknowledge that I will notify the Softball

Coordinators of any special medical needs or information required by my child.

PARENT/GUARDIAN NAME (please print)_____

PARENT SIGNATURE _____ DATE _____