

**WIZARDS FASTPITCH INC.  
PLAYER REGISTRATION**

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age on 1/1/20 \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of contact:  Text  Email Mother:  Father:  Both:

<b>DIVISIONS ARE AS FOLLOWS, BASED ON PLAYER'S AGE ON JANUARY 1<sup>st</sup></b>						
Pixie	10U	12U	14U	16U	18U	(Please Circle Age Preference)

Are you interested in coaching a team this season?  YES  NO

Player Bats:  Right  Left  Switch Player Throws:  Right  Left

Position(s): \_\_\_\_\_

List prior experience and training (years played, teams, clinics, seminars, etc.): \_\_\_\_\_

**IN CASE OF EMERGENCY**

Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name of family doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Does your child have any allergies?  NO  YES \_\_\_\_\_

Does your child have any medical conditions?  NO  YES \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

I HEREBY WAIVE AND RELINQUISH ANY AND ALL CLAIMS AND/OR CAUSES OF ACTION WHAT SO EVER AGAINST WIZARDS FASTPITCH, INC. AND ANY OF THE REPRESENTATIVES WITHIN THE ORGANIZATION, DIRECTION, AND SUPERVISION OF WIZARDS FASTPITCH INC. PROGRAMS. I LIKEWISE WAIVE ALL CLAIMS, DEMANDS AND/OR CAUSES OF ACTION AGAINST ANY PERSON TRANSPORTING THE ABOVE NAMED PERSON TO ANY LEAUGE ACTIVITY. IN CASE OF RECOVERY OF MONETARY JUDGMENT AWARDED TO ME AS A RESULT OF PARTICIPATION IN THE WIZARDS FASTPITCH INC. PROGRAM AND ANY OF ITS' REPRESENTATIVES ASSOCIATED WITH THE PROGRAM OF WIZARDS FASTPITCH INC., I HEREBY AGREE TO REIMBURSE WIZARDS FASTPITCH INC., AND ANY OF ITS' REPRESENTATIVES ASSOCIATED WITH WIZARDS FASTPITCH INC. PROGRAM OF ANY MONETARY AWARD WHICH MAY BE DETERMINED CONCERNING CLAIM AS A RESULT OF PARTICIPATION IN ANY WIZARDS FASTPITCH INC. ACTIVITY.

IN CASE OF AN EMERGENCY, I GIVE COACHES, AND/OR SUPERVISORS OF WIZARDS FASTPITCH INC. THE PERMISSION TO TAKE MY CHILD TO THE EMERGENCY ROOM OF A HOSPITAL FOR TREATMENT IF I AM NOT AVAILABLE TO DO SO.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

**OFFICE USE**

Birth Certificate Validation:  NO  YES

Rec. ID:  NO  YES

Fee Amount: \_\_\_\_\_ Cash: \_\_\_\_\_ Check #: \_\_\_\_\_

Shirt Size: \_\_\_\_\_ (PLEASE SPECIFY YOUTH OR ADULT SIZING)