



2012 PLAYER'S CONTRACT and WAIVER/MEDICAL RELEASE

PLEASE PRINT

Player's Name: _____ Date of Birth _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: Home: _____ Cell: _____

School Attending: _____ Grade: _____

Parent/Guardian Name(s): _____

Email: _____

My daughter has permission to play softball for the Maumee Thunder Girls Fastpitch Team. I/We will not hold Maumee Thunder, Maumee Girls Softball, coaches, athletic field owners, sponsors, or their representatives responsible for injuries, damages, or losses that my child may incur during the softball season. I/We understand the Maumee Thunder strongly endorses the use of a facemask for all pitchers and infielders, especially 1st base and 3rd base. Though it may rare, I/We understand that serious injuries and/or death may occur if a fielder is hit in the head by a ball.

_____/_____/_____
Either Parent/Guardian Signature _____ Date

Medical Authorization

Doctor's Name: _____ Phone #'s: _____

Dentist's Name: _____ Phone #'s: _____

Preferred Hospital: _____

Known Medical Condition(s) / Allergies: _____

I hereby give my consent for immediate medical/emergency treatment, if I am not available at the time of injury.

Either Parent/Guardian Signature _____ Date

A **\$75.⁰⁰** non-refundable deposit is **due at the time of signing the contract.** The remainder to the balance will be due by March 1, 2012. Please make checks payable to Maumee Thunder Fastpitch. In the case of financial hardship, contact the Maumee Thunder Director to arrange a payment plan.