



# VIRGINIA LADY EAGLES SOFTBALL CLUB

## **Medical Release & Authorization**

### **TO BE READ AND SIGNED BY APPLICANT'S PARENT OR LEGAL GUARDIAN**

I fully understand the nature and extent of the dangers inherent in the game of fast pitch softball, including but not limited to the ball, other players, officials, spectators, structures and potential hazards within the field of play. I also understand that prior to, during, and subsequent to the actual playing of the game of softball the applicant may be exposed to such dangers and agree that Virginia Lady Eagles, Inc., its agents, managers, officers, sponsors, supervisors, participants, employees and persons transporting my child to and from activities (collectively, "Virginia Lady Eagles, Inc.") are not liable for injuries resulting from such causes.

NAME OF APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_ GRADE LEVEL \_\_\_\_\_

PARENT/GUARDIAN NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_

(If not same as above)

HOME PHONE NUMBER \_\_\_\_\_ PARENT CELL NUMBER \_\_\_\_\_

PARENT'S WORK NUMBERS: FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CURRENT MEDICATIONS BEING ADMINISTERED TO APPLICANT: \_\_\_\_\_

ALLERGIES/OTHER MEDICAL CONDITIONS: \_\_\_\_\_

In the event that the applicant requires emergency medical treatment while under the supervision of Virginia Lady Eagles, Inc. and no parent or guardian can be contacted, I authorize Virginia Lady Eagles, Inc. to consent to the provision of emergency medical treatment including signing all necessary documentation and releases required for such care. I hereby release and forever discharge any and all rights and claims which I or the applicant may have or which may later accrue against Virginia Lady Eagles, Inc. for any and all injuries resulting from such medical treatment. I acknowledge that I am voluntarily requesting that the applicant be permitted to play on the Virginia Lady Eagles, Inc. Softball Club.

**\*\*\* 16 and 18U Players must maintain a cumulative GPA of 2.5 to play/practice with the VLE Organization\*\*\***

**\*\*\* 12 and 14U Players must maintain a cumulative GPA of 2.0 to play/practice with the VLE Organization\*\*\***

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_