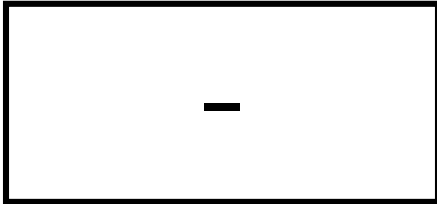




2020 Brookfield Stars Fastpitch Softball PLAYER WAIVER FORM



(One player waiver form for EACH participant must be completed & signed by parent or guardian)

PLAYER \_\_\_\_\_ PLAYER LEAGUE AGE (as of 1/1/20) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PLAYER EMAIL \_\_\_\_\_ SCHOOL \_\_\_\_\_ DOB \_\_\_\_\_

PLAYED FASTPITCH YES [ ] NO [ ]

WHERE? \_\_\_\_\_ POSITION(S) \_\_\_\_\_

DO YOU PLAY OTHER SPORTS? YES [ ] NO [ ] CLUB/SELECT [ ] HIGH SCHOOL [ ] PARK & REC [ ]

IF YES, WHAT SPORT(S)? \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE(S) \_\_\_\_\_

PARENT/GUARDIAN ASSUMPTION OF RISK, WAIVER AND RELEASE

I/we am/are the parent(s) or legal guardian of \_\_\_\_\_ Who desires to be a participant with the BROOKFIELD FASTPITCH STARS GIRLS SOFTBALL CLUB. It is important to me/us that this child is allowed to participate in this activity. I/we understand there are special dangers and risks inherent in this activity, including but not limited to, the risk of serious physical injury, death or other harmful consequences, which may arise directly or indirectly from the child's participation in this activity. Being fully informed as to these risks and in consideration of the Stars' allowing my child to participate in fastpitch softball and/or use of facilities, I/we, on behalf of myself (ourselves) and on behalf of the above-named participant child, assume all risk of injury, damage and harm to the child which may arise from the child's participation in the activities or use of facilities. I/we acknowledge that a medical exam is encouraged if I/we have any questions concerning the above-named child's participation in this activity. I/we further agree, individually and on behalf of the above-named child, to release and hold harmless the Brookfield Fastpitch Stars Girls Softball Club, its coaches, or Board of Directors, its hired or contracted instructors and any other agents or organizations including Brookfield East High School, Brookfield Central High School, and Elmbrook Parks and Recreation and waive any right of recovery that I/we may have to bring a claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above-named child or me arising out of the child's voluntary participation in this activity. I/we grant my (our) full and voluntary consent for the above-named child to participate in the activity described above. I/we further agree that pictures taken during program hours may be used for future promotional purposes.

Parent(s) / Guardian Printed Name(s) \_\_\_\_\_ Date \_\_\_\_\_

Parent(s) / Guardian Signatures(s) \_\_\_\_\_

MEDICAL INSUR. CO. \_\_\_\_\_ POLICY # \_\_\_\_\_

PARTICIPATION WAIVER

I understand that this is a competitive fastpitch softball program. I also understand that there is no guaranteed playing time in this league. I understand that it is the coach's decision to determine playing time for the players. If I have any concerns regarding playing time, I will discuss the issue with the coach directly. I understand that we are committing to attend practices and games in-season unless excused by the coaching staff.

Parent(s) / Guardian Printed Name(s) \_\_\_\_\_ Date \_\_\_\_\_

Parent(s) / Guardian Signatures(s) \_\_\_\_\_