



Mat-Su Softball Association, Inc.

(907) 376-9050

PARENTAL/GUARDIAN PERMISSION (PLAYERS UNDER THE AGE OF EIGHTEEN (18))

I hereby give consent for _____
Last Name First Name M.I.

to play Softball with _____
Team Name

in the 20__ season. I also give my consent for my son or daughter to accompany the team or group to out of town games. I understand the Mat-Su Softball Association does not carry accident insurance coverage for participants.

Parent/Guardian Signature

Date

CONSENT FOR EMERGENCY TREATMENT (SOFTBALL RELATED INJURIES)

I, _____, Parent/Guardian of _____ hereby consent to emergency treatment, hospitalization, or other medical treatment as may be necessary for the welfare of my son or daughter, by a physician, qualified nurse, or EMT, in the event of injury or illness in which my son or daughter is away from his/her legal residence as a member of his/her softball team. I hereby waive on behalf of my son or daughter any liability of the Mat-Su Softball Association which may arise from any such medical treatment.

Home Phone: _____

Emergency Phone: _____

Parent/Guardian Signature

Date