

Return form to:

Participant Name: _____
(Last) (First) (MI)

Elaine Sortino Softball School
c/o Planet Fastpitch
135 Ironstone St.
Uxbridge, MA 01569

MEDICAL AND IMMUNIZATION HISTORY PROGRAMS AND CAMPS

Section I: (To be completed by Parent or Guardian)

Name: _____ **Sex:** M F **Birth Date:** _____
Month/Day/Year

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

School Name: _____ **Program Dates:** _____ to _____ **Soc. Sec:** ____-____-_____

Father: _____ **Telephone:** _____ **Telephone:** _____
(Day Time) (Evening)

Mother: _____ **Telephone:** _____ **Telephone:** _____
(Day Time) (Evening)

Guardian is: Father: _____ Mother: _____ **Other (Name & Address):** _____
Telephone Number: _____

In case of illness or emergency the name and telephone number of a person to contact: (Relation to participant)

Family Physician or HMO (Name and Address): _____
Family Physician or HMO Telephone Number: _____

Family Dentist (Name and Address): _____
Family Dentist Telephone Number: _____

Medical Insurance Company Name: _____ **Policy Number:** _____

In case of emergency, I hereby give permission to the University Health Service staff to hospitalize, to secure proper treatment for, and to order injection or minor surgery for my child as named above.

Date: _____ **Parent/Guardian Signature:** _____

Section II:

Physical Examination: (Must be in the preceding 12 months and done by a Medical Provider)

Medical History: (Please note significant disorders)

Allergies _____	Heart _____	Tuberculosis _____
Allergies _____	Kidney _____	Whooping Cough _____
Diabetes _____	Lung _____	Varicella _____
Disabilities _____	Neurological _____	Other _____

Pertinent Medical History:

PARTICIPANT RELEASE OF LIABILITY - READ BEFORE SIGNING

Name of Participant: _____ Date of Birth: _____
Parents Name: _____ Home Number: _____
Work Number: _____ Cell Number: _____
E-Mail: _____ Fax: _____
Address: _____
Street City State Zip

In consideration of being allowed to participate in any way in the Elaine Sortino Softball Schools, The University of Massachusetts, and Planet Fastpitch, LLC related events and activities, I, the Undersigned, acknowledge, appreciate, and agree that:

Parent/Legal Guardian Initial

- _____ 1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- _____ 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- _____ 3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
- _____ 4. I, for myself and on behalf of my heirs, assigns, personal representatives and the next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS ELAINE SORTINO SOFTBALL SCHOOL, THE UNIVERSITY OF MASSACHUSETTS, AND PLANET FASTPITCH LLC, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Date Signed: _____
Participant's Signature

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(Under 18 at the time of registration)**

This is to certify that I, as parent/guardian with legal responsibility for the participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____ Date Signed: _____
Parent/Guardian Signature