

# First Pitch Softball Training Ltd Health Form (Page 1)

## Consent for Emergency Medical Care

Sports activities are strenuous and participants should be healthy enough to withstand the physically rigors of the sport. You are advised to seek the professional opinion of a physician if there is any question the activity may compromise the health of the participant. The following information is required by healthcare providers should the participant require emergency medical care.

### Part I: To be Completed by a Parent/Guardian:

Name of Participant \_\_\_\_\_  
Address: \_\_\_\_\_ CITY, STATE, ZIP CODE \_\_\_\_\_  
Father's Name: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_  
If not available in an emergency, Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Secondary Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### Part II: Family Health Insurance Information

Name of Insured: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Group #: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Member ID# (SS#) \_\_\_\_\_

### Part III: Health of the Participant to be completed by a Parent/Guardian

#### Medications (CHECK ONE)

\_\_\_\_\_ This participant is currently not taking any medication(s) on a routine basis.  
\_\_\_\_\_ This participant is currently taking the following medication(s) (Please attach additional information regarding each medication)  
Medication #1: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Medication #2: \_\_\_\_\_ Dosage: \_\_\_\_\_

First Pitch Softball Training LLC is not qualified to administer medications to any participant. The participant should be capable of self-administering the medication(s) or schedule the dose for before arrival or after departure.

#### ALLERGIES (CHECK ONE)

\_\_\_\_\_ This participant is not known to have any allergies. **Parent Initials:** \_\_\_\_\_  
\_\_\_\_\_ This participant is allergic to the following:

ALLERGY #1: \_\_\_\_\_ ALLERGY #2: \_\_\_\_\_

If you are allergic to bee stings, it is recommended you bring an EPI pen to camp.

### PART IV to be Signed by a Parent or Guardian

I understand that I am responsible for any medical costs and related costs (Medications, hospital Bills, Doctor Visits, Additional Transportation and Accommodations, etc.) for my child. I hereby give permission to the medical personnel selected by First Pitch Softball Training LLC and its representatives, including but not limited to local emergency medical technicians, hospital physicians, and nurses etc., to order X-Rays, perform routine tests, and medical treatment; To release any records necessary for insurance purposes; and to provide or arrange necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the treating physician at the health care facility selected by First Pitch Softball Training LLC. To secure proper treatment for, to order injections and/or anesthesia, and/or surgery for my child named above. First Pitch Softball Training LLC. Has my express permission to act in the place and instead of, and with the same authority as the parents/guardian of behalf of the participant throughout the duration of the activity. This completed form may be photocopied as needed. My signature affirms the information on this form is factually correct.

Name of Parent/Guardian (PRINT) \_\_\_\_\_

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

# **First Pitch Softball Training, LLC**

## **ACCIDENT WAIVER & RELEASE OF LIABILITY FORM**

I hereby assume all of the risks of participation in any/all activities associated with this event, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems, which preclude my participation in this activity.

I acknowledge that this accident waiver and release of liability form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assign as follows:

- A) I waive, release and discharge from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to First Pitch Softball Training, LLC. And/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;
- B) Indemnify, hold harmless, and promise not to sue the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that First Pitch Softball Training, LLC. And their directors, officers, volunteers, representatives, and agents are not responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose of the activity holders, procedures sponsors, organizers, and assigns.

The accident waiver and release of liability form shall be constructed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I certify that I have read this document and I fully understand its content. I am aware that this is a release of liability and contract and I sign it of my own free will.

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**Participants Signature**                      **Date**

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**Participants Name (Print Legibly)**                      **AGE**

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**Parent/Guardian Signature**                      **Date**  
**(If under 18, Parent/Guardian must also sign)**