

# Town of Flagler – Co-Ed Softball Player Registration And Consent

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

EMAIL \_\_\_\_\_

TEAM NAME \_\_\_\_\_

Medical Information: I hereby consent to the provision of the following health information to The Town of Flagler records and to use in the event of injury, illness or emergency, if required.

Insurance Provider Number: \_\_\_\_\_

Private Health Insurance Carrier & Number \_\_\_\_\_

Existing medical conditions/injuries/allergies & Regular medication:

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Persons: (Parent/Guardian if under 18)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

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## **AGREEMENTS and CONSENT**

I agree to:

- Participate for fun and enjoyment
- Respect and support my coach and team officials
- Treat all participants with respect and dignity regardless of their ability, gender, sexuality or cultural background
- Accept umpiring decisions without questioning
- Demonstrate self discipline – control my emotions and temper
- Never use aggressive behaviour or abusive language

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TEAM NAME \_\_\_\_\_

- Accept responsibility for my actions
- Attend every session/match, unless I have personally contacted my coach.
- Support necessary fundraising activities
- Wear correct uniform at all times
- Deal with any dispute using the appropriate process, put any grievance in writing to the Town of Flagler Recreation Director
- Represent the Town with pride and good sportsmanship.
- I agree and have no objection to any images/photographs of me being taken and used for Town purposes only. ie website, facebook

**Declaration:** ▪ I agree to pay all fees by the date/s specified. ▪ I agree (player and parents if member is under 18) to comply with the above statements

▪ I understand that the personal and medical information provided on this form will be used for Registration, Insurance and Participant/Town of Flagler/Team Management purposes and in the event of injury/illness.

▪ I understand that if I do not provide the information requested on this form, the Town of Flagler might not be able to process my registration and I will not be eligible to become a member or compete in Town of Flagler competitions.

**Consent:** I understand that at the Town of Flagler Adult Co-Ed Softball will be played under the rules as set by the Flagler Recreation League standard co-ed slow pitch softball rules and guidelines. I also understand that softball is a limited contact sport and that there is a risk of injury involved in playing softball . I authorize any official from the Town of Flagler in the event of any injury or illness, to obtain on my behalf and at my expense any medical assistance, treatment and transportation as deemed necessary.

**Indemnity:** Except where provided or required by law and such cannot be excluded, I agree that the Town of Flagler and its respective directors, officers, members, servants or agents are absolved from all liability however arising from injury or damage to me, however caused, arising whilst participating in the Adult Co-Ed Softball practices and games. I have read, understood and agree to the above terms. I warrant that all information provided is true and correct.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Coach/s: \_\_\_\_\_

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Name: \_\_\_\_\_

TEAM NAME \_\_\_\_\_