



C A T C H E R S R E L E A S E F O R M

NAME: _____ **AGE:** _____

PARENT'S NAME: _____

PHONE: _____ **EMAIL:** _____

ADDRESS: _____

EMERGENCY CONTACT: _____ **PHONE:** _____

PITCHER'S NAME (WHO YOU ARE CATCHING FOR): _____

I, the parent, understand that participation in softball activities involves the risk of serious injury to my daughter. This includes, but is not limited to illness, paralysis, permanent disability, or death. I recognize softball is a physical sport and injuries can occur from the movements being performed, interaction with the other participants, or the location of the clinic. I have considered these risks and have explained these to my daughter.

I agree to hold harmless Full Circle Fastpitch against any and all claims, suits, or actions of any kind for damages as a result of any injury or loss from participation in her camp. I authorize Full Circle Fastpitch to seek appropriate care for my daughter in the event of a medical emergency, and I agree to be responsible for the cost of such care.

I understand and agree to these conditions.

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