

Check #: _____
Cash: _____

Suwannee Valley Leagues, Inc. Softball 2009

(Form MUST be COMPLETELY filled in.)

Player's Name: _____ Male: Female:

Physical Address: _____

Home Phone #: _____ Cell #: _____ Work #: _____

E-Mail Address: _____

Players Date of Birth: _____ Receipt of copy of Birth Certificate: Yes No

Will you find a sponsor for your team(\$300)? Yes No

Will you be a Head Coach for your team? Yes No Shirt size: _____

Will you be an Assistant Coach for your team? Yes No Shirt size: _____

Press Release Authorization

I hereby authorize SVL Inc. to depict in perpetuity the above named player's likeness, image, name, signature and other indicia of my rights of publicity in photographic or other works appearing in any and all media for purposes of promoting, advertising or marketing current or future events related to SVL Inc. and I agree that such images may be used for that purpose without compensation.

Medical Treatment Information

By my signature below, I am the Legal Parent or Guardian of the player named at the top of this form. I take responsibility for the claims heretofore or hereafter arising known or unknown, from the player's participation in the programs of S.V.L. Inc./G.R.C.A. Inc.. I knowingly, voluntarily and expressly release the volunteers conducting the programs and SVL Inc./GRCA Inc. from all liability on claims arising on such matters. I further authorize any physician, hospital or dentist to provide any examination and/or treatment for the above named player. I will be responsible for all the reasonable expenses incurred for such treatment or medical care beyond the insurance provided by SVL Inc./GCRA Inc.

Medical Conditions or Allergies: _____

Physician: _____ Phone #: _____

Medical Insurance Company: _____

Provider's Address: _____

Policy #: _____ Expiration Date: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____ Date: _____

(OVER)

PARENTS' / GUARDIANS' CODE OF ETHICS MUST BE SIGNED