



# CSSA 2026 MINOR WAIVER AND REGISTRATION FORM



Minor Player's Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_  
 Telephone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
 Parent's Names \_\_\_\_\_ Team \_\_\_\_\_

### Emergency Medical Information:

Physician's Name \_\_\_\_\_ Tel \_\_\_\_\_  
 Hospital of Choice: \_\_\_\_\_  
 List any medical conditions or prohibitions that the club should be aware of: \_\_\_\_\_  
 \_\_\_\_\_  
 Person to notify in an emergency \_\_\_\_\_ Tel \_\_\_\_\_  
 Alternate person: \_\_\_\_\_ Tel \_\_\_\_\_

### Consent for medical treatment:

As the parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or wellbeing of my dependent.

### RELEASE:

I, the parent or guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the CSSA/USSSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with softball and in consideration of the CSSA/USSSA accepting the registrant for its softball program and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify the CSSA/USSSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Program, as well as the umpiring association, its employees and associated staff, its Softball Board of Directors and Coaches against any claim by or on behalf of the registrant as a result of their participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

THE PARENT OR GUARDIAN HAS READ AND VOLUNTARILY SIGNS THE WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT AND DOES SO VOLUNTARILY. I HAVE READ THIS RELEASE Father/Mother/Guardian

Printed Name of Minor Participant: \_\_\_\_\_ Signature of Minor Participant: \_\_\_\_\_

Printed Name of Parent or Guardian: \_\_\_\_\_ Signature of #1: \_\_\_\_\_

I represent that I have sole legal custody or am the sole parent/guardian

Printed Name of Parent or Guardian: \_\_\_\_\_ Signature of #2 : \_\_\_\_\_

Printed Name of 2024 Coach: \_\_\_\_\_ Signature of 2024 Coach: \_\_\_\_\_