

# 5<sup>th</sup> Annual HBCU Tiny Laster Fastpitch Softball Showcase

## Permission to Participate, Release of Liability, and Authorization for Medical Treatment Form

*The named participant is in good health and has my permission to participate in the **Tiny Laster 5th Annual Fastpitch Softball Showcase**. I hereby release the coaches participating in the camp and all other employees, officers, directors, agents, officials, and volunteers affiliated with the showcase from and against any liability claims or demands for any injury or illness incurred at the **Tiny Laster 5th Annual Fastpitch Softball Showcase**. I hereby assume complete financial responsibility for any personal injury or property damage created as a result of an intentional or negligent act of my child or ward while he or she is attending the **Tiny Laster 5th Annual Fastpitch Softball Showcase**. Permission is granted for my child to receive emergency medical treatment if needed. I will be responsible for any costs of medical treatment incurred at the Camp.*

PLAYER'S NAME \_\_\_\_\_ Age \_\_\_\_\_  
(PRINTED)

Player's Signature \_\_\_\_\_ Date \_\_\_\_\_

E-mail \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_  
(PRINTED)

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

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
(PRINTED)

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required if Player is under 18 years of age)

Do you have a Player Profile? Yes \_\_\_\_\_ No \_\_\_\_\_ NCAA Initial Eligibility Filed? Yes \_\_\_\_\_ No \_\_\_\_\_

*If you have one, bring it with you!!*

*Please complete and mail this form with your payment to:*

**Game Time Management/Earnest Washington**  
6985 Glen Cove Lane  
Stone Mountain, Ga 30087