



# SGS Magic Fastpitch

2011 PLAYER'S CONTRACT

www.sgsfastpitch.org

PLEASE PRINT

Player's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email(s) \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent(s)' Cell Phone Number(s) \_\_\_\_\_

My daughter has permission to play softball for the SGS Magic Girls Softball Team. I will not hold SGS, coaches, athletic field owners, sponsors, or their representatives responsible for injuries, damages, or losses that my child may incur during the softball season.

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Player Signature Date

## Medical Authorization

Doctor's Name: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

Dentist' Name: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

Known Medical Condition(s) / Allergies: \_\_\_\_\_

I hereby give my consent for immediate medical/emergency treatment, if I am not available at the time of injury.

\_\_\_\_\_  
Parent/Guardian Signature Date

► Fees:      10U - \$400                      12U/14U/16U/18U - \$600

(Fees include three-\$35 reverse raffle tickets. Players(family) may choose to sell these tickets to reduce out of pocket costs.)

A **\$200** non-refundable deposit is **due at the time of signing the contract or no later than September 5, 2010**. Balance is due by January 15, 2011. Please make checks payable to: **SGS Magic**. In the case of financial hardship, other arrangements can be made with the SGS Board approval. **Please mail payments to your coach.**

**NO FEE REFUNDS AFTER JANUARY 15, 2011 WITHOUT SGS BOARD APPROVAL.**