

AMA Use only:

Paid: Cash _____ Check # Amount _____

Division: _____

Grade: _____

Team Name: _____

Coach: _____

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PERMISSION TO PLAY AMA PONYTAIL SOFTBALL

Name: _____

Birthdate: _____ **Age:** _____ **Telephone:** _____ **email:** _____

Mailing Address: _____

Physical Address: _____

My daughter, _____, has my permission to participate in any and all activities of the AMA Ponytail Softball League Team. We assume all risk and hazards incidental to such participation including transportation to and from the activities and agree to hold harmless the local Ponytail League, the Respective Association and Conference, the Organizers, Sponsors, Supervisors, Participants and Persons transporting my child to and from activities for any claim rising out of injury to my child.

Parent or Guardian Name (printed) **Relationship**

Signature or Parent or Guardian **Date**

My daughter's shirt size (Please check one): YL___ YXL___ AS___ AM___ AL___ AXL___

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PARENTAL MEDICAL TREATMENT AUTHORIZATION

In the event of injury or illness to my child, _____, I hereby grant authority to a qualified physician to render such treatment as such physician may deem necessary under the circumstances. In the event of such injury, every effort will be made to contact the parent or guardian.

Parent or Guardian Name (printed) **Relationship**

Signature or Parent or Guardian **Date**

Birthdate: _____ **Age:** _____ **Telephone:** _____

Mailing Address: _____

Physical Address: _____