SPRING 2025 PARENT RESPONSIBILITIES & CONTACT / EMERGENCY INFORMATION FOR TEAM MANAGER:

Player Name: _____

Mother / Guardian Name: _____ **Father / Guardian Name:** _____

Street Address & City: _____ **Street Address & City:** _____

Home Phone: _____ **Home Phone:** _____

Cellular Phone: _____ **Cellular Phone:** _____

Email Address: _____ **Email Address:** _____

PARENT / GUARDIAN RESPONSIBILITIES: I understand that as the parent / guardian I am responsible and required to participate in the following:

1. Participate and complete any league fundraising event with my child. These fundraisers will include **1 Box of Candy Sales, 1 Book of Raffle Tickets and participation in the Team Basket.** Candy opt-out only available at registration. **I understand there are No Pay – No Play dates for fundraisers as follows: Candy 3/8/25 - Raffle 4/12/25**
2. Working in the Snack Bar as needed, minimum 1 – 2 times, when my daughter's team is scheduled to play on fields one or four. **There is no opt-out for Snack Bar. *THESE ARE PARENT VOLUNTEER HOURS***
3. I have read and will follow the Salinas Bobby Sox **"NO TOLERANCE POLICY"** to insure a safe and comfortable place for my child to enjoy learning the game of softball.
4. No refunds after January 31, 2025

Understanding of Responsibilities for Parent / Guardian Signature: _____

Please tell us in which areas you are interested in volunteering by marking the positions listed below:

_____Manager _____Chaperone _____Coach _____Team Sponsor

Other:_____

Parent's Consent to Allow Participation in the Bobby Sox Softball Program and *'Authorization & Consent to Treat a Minor'*

My child, _____is hereby given my consent, to physically participate in activities of softball protected under the Salinas Bobby Sox Insurance Program and I assume all risks and hazards. I will provide my child with a glove, safety cleats or athletic shoes, safety sliding gear, and other softball equipment as needed. I realize that the $25.00 insurance registration is nonrefundable. Note: 6U players must be at least 4 years old and potty trained by start of season. Registered Bobby Sox Players are provided with secondary accident/medical/liability insurance when their name appears on any Bobby Sox Team Insurance Form. I will pay the League established player participation fee which will help with my child's team's expenses. If my child participates on any tournament team, I realize that I will be responsible for my portion of the financial support of that team. While participating in softball, ***I will make certain that my child does not wear jewelry of any type***. ***Before leaving my child at any activity I will make certain a female staff member from their team is present***. X_____

In an emergency, every effort will be made to contact me (us). I, the undersigned parent/guardian of the child, a minor, do hereby authorize/ consent to any x-ray, anesthetic, medical, or surgical diagnosis rendered under general or special supervision of any member of the medical/emergency room staff licensed under the provisions of the Medical Practice Act, or a dentist licensed under the provisions of the Dental Practice Act and on the staff at any acute general hospital licensed by the State Department of Public Health. This authorization is given pursuant to the provisions of the civil code in my home state. Consent expires 12/31/25. Any current physical condition preventing the child's immediate and full physical participation? CIRCLE ONE: NO YES.

List Below: All medications being taken by your child; all physical restrictions; allergies; asthma; hearing limitations; heart condition; physical impairment; prosthesis; and vision corrections. List all health information known about your child. If no medications are being taken and there are no physical restrictions, write **NONE.**

_____

_____ ( )_____

FAMILY PHYSICIAN'S FULL NAME OFFICE PHONE NUMBER

_____ _____ ( )_____

MEDICAL INSURANCE CARRIER NAME. (IF NO INSURANCE - WRITE NONE) YOUR POLICY NUMBER CARRIER PHONE NUMBER

In Case of Emergency, when I (we) cannot be reached, contact the following named adults, their relationship to my (our) child and their phone number.

NAME/RELATIONSHIP: _____**EMERGENCY PHONE** ( ) _____

NAME/RELATIONSHIP: _____**EMERGENCY PHONE** ( ) _____

Parent or Guardian's Signature: _____ **Player Uniform Size:**_____

12U and up: Adult Sizes Only