

REGISTRATION FORM #2 2005 CSA Softball Combine

Student-Athlete/Parents: Please complete this and return to CSA along with Form #1 and your payment of \$75.

Athlete's Name: _____

Parent/Guardian Name: _____

Type of Payment: Credit Card _____ Money Order _____ Check _____

Credit Card # (AX, Visa, MC): _____ Exp Date: _____

Signature: _____

Please note that this information is designed to potentially identify conditions that may limit or prevent a student-athlete from participating in various athletic activities and/or events. It is not comprehensive, nor is it intended to be. It might not aid in the detection of any unknown/hidden conditions. And it is not intended to replace or supplement – in any way, shape or form – periodic, comprehensive examinations by a medical doctor. However, please note that – based on the responses to the following questions – our medical and training staff reserve the right to prohibit anyone from participating in this Combine.

YOUR MEDICAL HISTORY

	Please check one box	If "yes," then please explain
1. Has a medical doctor ever prohibited you from playing any sports?	Yes No	_____
2. Has a medical doctor ever limited you from playing any sports?	Yes No	_____
3. Has anyone in your immediate family ever had a heart attack?	Yes No	_____
4. Has anyone in your immediate family ever had a stroke?	Yes No	_____
5. Are you currently taking any Prescription or Over-The-Counter Drugs?	Yes No	_____
6. Do you have Epilepsy?	Yes No	_____
7. Do you have Asthma?	Yes No	_____
8. Do you have Diabetes?	Yes No	_____
9. Do you have any Allergies (including to certain medicines)?	Yes No	_____
10. Do you have (or have you ever had) a Heart Problem?	Yes No	_____
11. Do you have (or have you ever had) an Irregular Heart Beat or Murmur?	Yes No	_____
12. Do you have (or have you ever had) High Blood Pressure?	Yes No	_____
13. Have you ever had a Concussion, or a Head or Neck Injury?	Yes No	_____
14. Have you ever had Heat Exhaustion or a Heat Stroke?	Yes No	_____
15. Have you ever Fainted?	Yes No	_____
16. Have you ever had an Operation?	Yes No	_____
17. Have you ever had a Broken Bone?	Yes No	_____
18. Are you missing any Organs or Limbs?	Yes No	_____
19. Do you wear Contact Lenses or Glasses?	Yes No	_____
20. Do you wear a Hearing Aid?	Yes No	_____
21. Do you wear any False Teeth or Dental Appliances?	Yes No	_____

By signing (or checking the box) below, I hereby certify that I have read and understand the information shown above, and that my student-athlete's responses are correct. As a parent/guardian, I hereby grant my permission and authorization for him/her to participate in this Combine and to receive medical or emergency treatment (if or as required).

Parent/Guardian Signature _____ Date _____

Student-Athlete Signature _____ Date _____

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Release and Waiver re: Liability, Injury and Property Damage with Authorization for Medical Treatment

I, the undersigned, am fully cognizant that engaging in any sport or physical activity includes the inherent and substantial risk of personal injury. I attest that the student-athlete being registered herein is presently in excellent physical condition and may participate in all physical activities associated with this Combine and, in return for allowing her to participate in this Combine, I agree to assume the complete risk of and responsibility for any injury that may result from her participation in it.

In addition, I hereby release, waive, indemnify, save, forever discharge and agree not to sue any of the other participants or staff at this Combine, as well as CSA/PrepStar, SportsWeave, the city of Huntington Beach, Huntington Beach High School, and any or all of their employees, officers, contractors, subcontractors, partners, sponsors, agents, affiliates or assigns from all present or future claims that may be made by either the participating student-athlete or me, my family, estate, heirs or assigns for property damage, theft, personal injury, bodily harm, wrongful death or any other potential liability arising as a result of participation in this Combine (and possibly caused by the ordinary negligence of the parties listed above, wherever, whenever, or however same may occur).

I grant permission and authorization for my student-athlete to receive first aid or medical treatment as needed and, to the same extent and scope as previously mentioned, I also agree to release (indemnify and hold harmless) said parties from any and all claims whatsoever which may be attributable to the receipt of said treatment rendered in connection with (and/or arising out of participation in) such event.

I affirmatively swear that I am the parent or legal guardian of the previously named participating student-athlete and do hereby execute this liability release and waiver on behalf of that individual. I agree that the terms of this release are binding on my student-athlete and me. I am of legal age and am freely and voluntarily signing this document without inducement from any party.

In addition, I understand that engaging in any sport or physical activity includes the inherent and substantial risk of personal injury or property damage. With respect to same, I voluntarily grant permission and authorization for my student-athlete to participate in this Combine and agree to assume the complete risk of and responsibility for any injury or damage that may result from (or be related to) his/her participation.

I also grant permission and authorization to any team physicians, athletic trainers and medical consultants of this Combine to evaluate and treat any injuries that may occur during my student-athlete's participation in it. In addition, I understand that they have the authority to prohibit or eliminate my student-athlete from participation (because of either an injury or any risk of liability to anyone associated with this Combine).

I further represent that I have read and fully understand this document and, by signing it (or checking the box), am giving up legal rights and remedies.

Parent/Guardian Signature _____ Date _____

Emergency phone number, if needed: _____

I concur with the above:

Student-Athlete Signature _____ Date _____

Deadline for Receipt of Registration: October 7th, 2005

