

CALIFORNIA WOMEN'S BASEBALL LEAGUE

2007 Player Information Form

PLEASE PRINT NEATLY & FILL OUT COMPLETELY!

Full Name: _____ Nickname: _____
(First and Last)

Address: _____ City, State. Zip:

Phone (Daytime): _____ Phone (Night)

EMAIL: _____
Very important to list your active email!

Birthday (month/day/year): _____ Hometown: _____

Positions played: _____ Jersey #:

Additional information you would be willing to share about yourself for view on our website:

Emergency/Medical information

Please list any medical issues/allergies (such as but not limited to: sports injuries, pregnancy, seizure disorders, visual/hearing impairments, bee allergies) that may affect your participation in the league. Please note: Disclosure of such information is for safety precaution only, and a Doctor's note may be required by CWBL in order to participate. You may use the backside of this form if necessary.

If there were a medical emergency during play, whom would you like CWBL to contact?

Name: _____ Phone Number:

Please list your medical insurance information:

Insurance Carrier: _____ Medical Record Number:

By signing below, I hereby release all liability if any injury occurs during play at the 2007 California Women's Baseball League season. I understand that secondary liability insurance will be provided only during play if needed.

Parent/Guardian's Signature: _____ Date:

(Required for any player under the age of 18 years old)

Player's Signature (if over 18): _____ Date:

Please Print Name of signature provided above:
