



Firecrackers North -Thomas Player Information Sheet

Player Name: \_\_\_\_\_ Grad Year: \_\_\_\_\_

DOB: \_\_\_\_\_ Position(s): \_\_\_\_\_ Bats/ Throws: \_\_\_\_\_

High School/Level/ Position: \_\_\_\_\_

GPA: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Player's Email: \_\_\_\_\_

Player's Phone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Mother's Phone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Father's Phone Number: \_\_\_\_\_

Past Travel Ball Teams:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Colleges Interested in: \_\_\_\_\_

\_\_\_\_\_

Camps attended within the last year: \_\_\_\_\_

\_\_\_\_\_

Uniform Sizes: Jersey: \_\_\_\_\_ Pants: \_\_\_\_\_ Shoe: \_\_\_\_\_



Players Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_

In case of emergency, Please call me at: \_\_\_\_\_

Alt. Emergency Contact: \_\_\_\_\_

Alt. Contact Phone Number: \_\_\_\_\_

***Release of Liability***

As the parent or legal guardian of the above named player, I hereby grant permission for my child to participate in all the team/ workout activities. These activities involve, but are not limited to, practices, workouts, scrimmages, games, tournaments, fundraisers, parties, or other team/ events.

I understand that accidental injuries to my child can result while participating in team activities. I agree to hold Firecrackers team, its leaders, and its organization blameless for any injuries that might occur during events, but not limited to the events above. This release is in effect until the one year anniversary from the date signed.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/ Legal guardian**

***Authorization to Treat a Minor***

As the parent or legal guardian of the above named player, I hereby authorize the leaders of the team to render first aid to my child, should the need arise.

In the event of an emergency, I also authorize the physician, selected by an adult leader of the team, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed.

Present Medications: \_\_\_\_\_ Medical issues: \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_ Policy# \_\_\_\_\_

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

The authorization is in effect for one year from date signed.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/ Legal Guardian**