



Adult Softball  
Under 18 Player Consent  
City of Panama City Beach  
Parks & Recreation Department



16200 Panama City Beach Pkwy, Panama City Beach, FL 32413 • Office Ph. (850)233-5045 • www.panamacitybeachparksandrecreation.com

*Player Information*

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Phone \_\_\_\_\_  
Street and Number

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

*Parent/Guardian Information*

Primary Guardian Name \_\_\_\_\_ Home Ph. \_\_\_\_\_  
Last First Middle

Place of Employment \_\_\_\_\_ Work Ph. \_\_\_\_\_

May we contact this place of employment concerning the above named player.?

Yes  No

Email \_\_\_\_\_ Cell Ph. \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Last First Middle

*Team Information*

Team Name \_\_\_\_\_ Division: Co-ed  Recreation  Competitive

Coach's Name \_\_\_\_\_ Phone \_\_\_\_\_

*History / Background*

**PARTICIPATION PERMISSION:** As the parent of the above named minor who is under the age of 18 I attest that the information provided is both accurate and complete. I understand that failure to list complete and accurate information can result in denial of this application and that my child's right to play in Panama City Beach Parks and Recreation Adult Softball League.

I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I also give the City of Panama City Beach permission to take pictures during all activities for publicity purposes.

I hereby release, absolve, indemnify and hold harmless the City of Panama City Beach, the organizers, sponsors, supervisors, representatives, employees, volunteers and any or all of them from any injuries I may sustain as a participant in these activities. Participants are involved at their own risk. Registration fees do not provide for insurance.

Further, I hereby grant the City of Panama City Beach Parks & Recreation Department staff as agent(s), for the undersigned to consent to any X-ray examination, anesthetic, medical, surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act, whether such diagnosis, or treatment is rendered in physician's office or hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the physician, in the exercises of his best judgment, may deem advisable.

X \_\_\_\_\_  
Primary Guardian Signature Primary Guardian Print Name Date

X \_\_\_\_\_  
Under 18 Years of Age Volunteer Signature Under 18 Years of Age Player Print Name Date