

# 2026 MINOR PARTICIPATION & MEDICAL CONSENT FORM

(must be at least 14 years of age as of May 1, 2026)

Mat-Su Softball Association • P.O. Box 875550 • Wasilla, Alaska 99687 • (907) 376-9050

## 1. Player Information

Player's First and Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of May 1, 2026: \_\_\_\_\_

Team Name(s): \_\_\_\_\_

Season/Year: \_\_\_\_\_

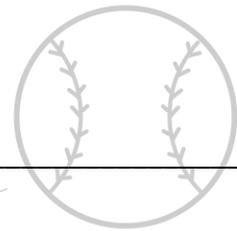
## 2. Parent/Guardian Information/Permission

Primary Parent/Guardian's First and Last Name: \_\_\_\_\_

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

Secondary Parent/Guardian's First and Last Name: \_\_\_\_\_

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



## 3. Assumption of Risk & Release of Liability

On behalf of myself and my minor child, I voluntarily assume all risks associated with participation. To the fullest extent allowed under Alaska law, I release and hold harmless Mat-Su Softball Association, its officers, board members, volunteers, coaches, sponsors, and affiliates from any claims, demands, or liability arising from participation, except in cases of gross negligence or willful misconduct. I understand the Mat-Su Softball Association does not provide accident or medical insurance coverage for participants unless otherwise stated.

## 4. Medical Authorization & Emergency Treatment

In the event of illness or injury, and I cannot be reached, I authorize Mat-Su Softball Association personnel to obtain emergency medical care for my child, including first aid, transport, hospitalization, and treatment by a licensed physician, nurse, or emergency medical provider. I understand that MSSA has insurance limitations and may not cover, or provide full or adequate coverage for, all injuries or damages. I further understand that I am responsible for maintaining my own medical insurance coverage and for all financial responsibility related to medical care, treatment, or emergency services arising from my participation.

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## 5. Photo & Media Release

I grant permission for photographs or videos of my child taken during association activities to be used for program promotion, website, social media, and community outreach without compensation.

Please initial one: \_\_\_\_\_ YES \_\_\_\_\_ NO

## 6. Code of Conduct Acknowledgment

I acknowledge that my child and I agree to follow Mat-Su Softball Association rules, safety requirements, and sportsmanship expectations. Failure to comply may result in disciplinary action or removal from participation.

## 7. Parent/Guardian Certification

I, \_\_\_\_\_, am the parent/legal guardian of the above-named minor and am fully and legally authorized to act on behalf of the child. I give permission for my child to participate in Mat-Su Softball Association activities, including practices, games, tournaments, and team events for the stated season. I acknowledge that participation in softball involves inherent risks of injury, including but not limited to falls, collisions, equipment contact, and weather-related conditions. **ALL parent/legal guardians must sign below.**

Parent/Guardian Name (Printed):

\_\_\_\_\_

Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Name (Printed):

\_\_\_\_\_

Signature:

\_\_\_\_\_

Date: \_\_\_\_\_