

CONCORD GIRLS SOFTBALL LEAGUE SLOW-PITCH REGISTRATION FORM

DIVISIONS:

MIGHTY MITE: 5 - 6 years
PIGTAIL: 10 - 13 years

JUNIOR PIGTAIL: 7- 9 years
PONYTAIL: 14 - 19 years

Revised 01/09

FEES:

Basic Fee: **\$65.00** (\$5.00 off each additional family member)

	YES	NO
Last year's team: _____		
Are you NEW to Concord Girls Softball League?	[]	[]
Are you MOVING UP to the next division?	[]	[]
Are you requesting to be RE-DRAFTED ?	[]	[]

Name:	Birth Date:	Grade:
Address:	League Age (as of September 1 st 2008):	
City:	Zip:	Phone:
Email:	School:	

1. If accepted for a team, an accurate birth certificate or certified copy of the original must be furnished to Concord Girls Softball League for verification.
2. All equipment used in this softball program is the property of Concord Girls Softball League and must be returned to the Team Manager or the League Equipment Manager at the end of the season, or must be paid for at current replacement costs. Team shirts and socks may be kept.
3. If accepted into this program, we the parents or legal guardians, agree to a nominal family membership fee to help defray expenses of uniforms, playing equipment, maintenance of grounds, liability insurance, and safety equipment or related expenses to operate this type of endeavor.
4. **There will be no refunds after ten (10) days of registration date on signed registration form.**
5. The undersigned hereby elects to, and does, assume all risk for claims heretofore or hereafter, known or unknown, arising from the subject of this release, in favor of the undersigned, his or her heirs, executors administrators, successors or employees and volunteers from all liability for claims arising out of our own and/or our child's or children's participation in the Concord Girls Softball League events or affairs.

I, or WE, PARENT(S), LEGAL GUARDIAN(S) _____ agree to the
(signature)
aforementioned rules and agree to allow our child to participate in summer softball furnished by the Concord Girls Softball League.

Other children in League:

Name: _____	Division: _____
Name: _____	Division: _____
Name: _____	Division: _____

Shirt Size (circle choice)

Youth: **M** **L**

Adult: **S** **M** **L** **XL**

Date: _____/_____/_____

Registration Fee: (\$65) \$ _____

Additional family (\$60) _____

Paid Check No. _____

Paid CASH: _____

Total Paid: \$ _____

DONATIONS

If interested, please check below and we'll contact you

TIME	MONEY
<input type="checkbox"/> MANAGER	<input type="checkbox"/> TEAM SPONSOR (\$300)
<input type="checkbox"/> COACH	<input type="checkbox"/> Website Sponsor (\$100)
<input type="checkbox"/> SCOREKEEPER	<input type="checkbox"/> Program Sponsor (\$_____)

Mail to: CGSL
P.O. Box 134
Painesville, OH 44077

~ PLEASE FILL OUT OTHER SIDE OF FORM ~

CONCORD GIRLS SOFTBALL LEAGUE

EMERGENCY MEDICAL AUTHORIZATION

~ Please complete EITHER Section 1 OR Section 2 ~

Section 1.

Permission is hereby granted to _____ for such medical and/or
(manager / coach) surgical procedures as
deemed necessary in the care of:

_____ from 4 - 1 - 2009 to 8 - 15 - 2009. (name
of child)

(signature of parent/guardian) (Witness) (Date)

Where can the parent or guardian be reached?

(address) (telephone)

Facts concerning child's medical history including allergies, medications being taken and any physical impairments to which a physician should be alerted:

Insurance information:

(insurance
company) (subscriber's name)

(contract no.) (group no.) (code no.)

Section 2.

Refusal to Consent: I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the League Authorities to take no action or to:

(signature of parent or guardian) (date) (telephone no.)