

FOR OFFICE USE ONLY

T-BALL _____
8 U _____
10U _____
12U _____



**IF INTERESTED IN
 FALL BALL
 CHECK HERE** _____

PLAYER REGISTRATION

WWW.SGFSOFTBALL.COM

Name	DOB	Email Address
Address	Phone	
Parents Name: Father	Hm Ph	Wk/Cell Ph
Mother	Hm Ph	Wk/Cell Ph
Medical Insurance	ID or Policy#	

Please indicate any physical limitations (allergies, hearing, sight, etc.)

Please indicate at what level your child played last year:

MODIFIED | MAJORS | MINORS | BANTAM | T-BALL

Was your child a **PITCHER** or **CATCHER**? If YES, which? _____

How many years has your child played softball? _____ First year of Softball _____

Did your child play on an All-Star team? Yes _____ No _____

I/We, the parents of the above-named candidate for a position on a SGF Girls Softball team, hereby give my/our approval to participate in any and all softball activities, including transportation to and from the activities. I will assume all risks and hazards that are incidental to the conduct of the activities. I agree to the rules of the Code of Conduct. **I agree to participate in working in the concession stand. I understand that failure to do so will result in an additional \$25.00 fee per child for 2013 registrations.** _____ INITIALS

I/We further agree to release, absolve, indemnify and hold harmless the SGF Girls Softball, their sponsors, organizers, supervisors, board members and officers of all legal responsibilities. I give permission to this league, its officers or representatives to provide medical treatment in case of an emergency or injury. I also understand that the registration fee is Non-Refundable. I/We will furnish a certified birth certificate of the above-named candidate to SGF Girls Softball officials.

Youth Sizes	
Small	6-8
Medium	10-12
Large	12-14
X-Large	16-18

SHIRT Circle 1	Youth	N/A	Medium	Large	X-Large
	Adult	Small	Medium	Large	X-Large
SHOR T Circle 1	Youth	Small	Medium	Large	X-Large
	Adult	Small	Medium	Large	X-Large

Please Note: Players are selected for team by a draft method. We cannot honor requests for a child to be put on a team with a specific coach or other players. Likewise we cannot honor requests for a child NOT to be put on a team with a specific coach or other players.

Registration Fee: \$30.00 per Player \$50.00 2 Players same family \$60.00 3 or more Players. # _____ \$ _____

WE WILL / WILL NOT PARTICIPATE IN CANDY FUND RAISER. (Circle One)

IN LIEU OF CANDY FUND RAISER, WE WILL DONATE \$30.00 INSTEAD. _____ Initial

All checks shall be payable to South Glens Falls Girls Softball, Inc. for the exact amount of the registration. If the check presented for payment of this registration is returned from my bank for insufficient funds, I agree to submit the total of the original check amount **PLUS** the bank processing fee of \$25.00 payable in cash to the Softball League.

\$ _____ Cash _____ Check# _____

 Parent/Guardian Signature

Received by: _____

 SGF Girls Softball Representative