



**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 \$37.50 fee per child for 2011 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.

<b>SHIRT</b>	<b>Youth</b>	N/A	M (10-12)	L (12-14)	XL (16-18)
	<b>Adult</b>	Small	Medium	Large	X-Large
<b>SHORT</b>	<b>Youth</b>	S (6-8)	M (10-12)	L (12-14)	XL (16-18)
	<b>Adult</b>	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.

**WE WILL / WILL NOT PARTICIPATE IN CANDY FUND RAISER \_\_\_\_\_.**  
**IN LIEU OF CANDY FUND RAISER, WE WILL DONATE \$37.50 INSTEAD \_\_\_\_\_.**

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