

2012 SGSL Player Registration Form

Player Name _____
Address _____
City, State, Zip _____
Home Phone () _____
School & Grade _____

Birth Date _____ / _____ / _____
League Age _____
(Age on January 1, 2012)

Pitching Experience? Yes No
Played Softball Before? Yes No
Played Travel Softball? Yes No

Requests/Comments _____
(One teammate request for 6U and 8U age divisions only. Requests cannot be guaranteed)

Age Division Fees
 (Multi-Player discount \$10 each player)
 6 and under (6U): \$110
 8 and under (8U): \$110
 10 and under (10U): \$170
 12 and under (12U): \$170
 14/16 and under (14/16U): \$170

\$25
 discount if
 registered
 by Jan 15

What prompted you to register? (circle one)
 Word of Mouth - School Flyer - League Email - Yellow Banner - Website

Interested in being a Youth Umpire? (12 years old and up) Yes No **Referred By:** _____

Parent #1 Name _____
Day Phone (Work or Cell) () _____
Email (primary) _____
Relationship _____
(Please Circle One)

Parent #2 Name _____
Day Phone (Work or Cell) () _____
Email _____
Relationship _____
(Please Circle One)

Volunteer → Manage Coach Umpire Team Admin Board Member Field Prep Hit-A-Thon

If managing or coaching please indicate Adult t-shirt size (circle one): AS AM AL AXL A2XL A3XL

Emergency Contact <small>(Other than Parent)</small>	_____	Phone	() _____	List any allergies/medical problems, including those requiring maintenance medication:
Relationship to player	_____	Phone #	() _____	
Family Physician	_____	Policy #	_____	
Insurance carrier	_____			

The listed information is to ensure that medical personnel have details of any medical problem which may interfere with or after treatment.

- I hereby certify that my child is fully capable of participating in the sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as made known to coaches and officials of the team and league.
- I do hereby authorize and consent to any X-ray, examination, anesthetic, medical, or surgical procedure rendered under the general or specific supervision of any member of the medical staff and any emergency room staff licensed to operate a hospital from the State of California Department of Public Health. It is understood that effort should be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above mentioned treatment will not be withheld if the undersigned cannot be reached. Authorization is given pursuant the provisions of Section 25.8 of the Civil Code of California.
- I understand that there are certain risks of damages and injuries, including death, inherent in the practice and play of softball and do hereby waive, release, absolve, indemnify, and agree to hold harmless Sunnyvale Girls Softball League, the Amateur Softball Association of America, sponsors, supervisors, managers, coaches, and participants from any claim, damages, costs including attorney fees, and causes of action arising out of any injury to my child whether the result of negligence or for any other cause.
- I agree to participate in League fundraising activity including working two (2) Snack Shack shifts (approximately 3 hours each) for each registered player I have in the league.
- I give permission to Sunnyvale Girls Softball League to publish the photograph of my child on the League website. I understand that my child's last name will not appear on the website and I may request the removal of these photographs through written notice to the League.
- I acknowledge the refund policy regarding a player's registration fees as: a) if the league is not able to place my player on a team, 100% refund; b) if my player drops out of the league before opening day, 50% refund; and c) no refund if my player drops out of the league on or after opening day. The SGSL Board of Directors may approve limited exceptions to this refund policy due to extenuating circumstances.
- I, THE UNDERSIGNED, AS THE PARENT OR LEGAL GUARDIAN OF THE CHILD NAMED ABOVE, DO HEREBY GIVE MY FULL CONSENT AND APPROVAL FOR MY CHILD TO PARTICIPATE AS A MEMBER OF THE SOFTBALL TEAM AND LEAGUE INDICATED ABOVE. I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS ABOVE AND AGREE TO ABIDE BY THEM.

Parent or Guardian Signature: _____ **Date:** _____

Relationship to Player: _____

Bring completed form to registration or mail signed form plus copy of Birth Certificate and check to:
 Sunnyvale Girls Softball League, P.O. Box 2621,
 Sunnyvale, CA 94087

Birth Certificate Yes <input type="checkbox"/> No <input type="checkbox"/>	Discount MP <input type="checkbox"/> ER <input type="checkbox"/>	Scholarship Amt.	Amount Paid	Amount Owed	League Rep	Date	Comments
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