

# GARDENDALE GIRLS SOFTBALL ASSOCIATION PLAYER REGISTRATION

## PLAYER 1 INFORMATION

**Division** (circle league registering for)

**RagBall**

**6U**

**8U**

**10U**

**12U**

**15U**

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### Name

First: \_\_\_\_\_ Last: \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Positions Played

\_\_\_\_\_ Pitcher

\_\_\_\_\_ Catcher

\_\_\_\_\_ 1st Base

\_\_\_\_\_ 2nd Base

\_\_\_\_\_ Short Stop

\_\_\_\_\_ 3rd Base

\_\_\_\_\_ Right Field

\_\_\_\_\_ Center Field

\_\_\_\_\_ Left Field

### Shirt Size (choose one)

\_\_\_\_\_ Youth XS

\_\_\_\_\_ Youth S

\_\_\_\_\_ Youth M

\_\_\_\_\_ Youth L

\_\_\_\_\_ Youth XL

\_\_\_\_\_ Adult S

\_\_\_\_\_ Adult M

\_\_\_\_\_ Adult L

\_\_\_\_\_ Adult XL

### Release of Liability / Waiver

I, the undersigned Parent / Guardian of the player named herein, acknowledge that participation in Gardendale Girls Softball, as in any sport, may result in injury. I hereby release the Gardendale Girls Softball, its members, agents, officers, coaches, and players from all liability or responsibility for any claim, damage, or legal action on behalf of the player or the player's parents, heir, or personal representative arising from any injury the player may sustain while participating in Gardendale Girls Softball. I hereby authorize, in the event of injury, any representative of the Gardendale Girls Softball Association to obtain whatever medical attention is deemed necessary for my daughter. I hereby authorize any qualified medical practitioner to render such emergency medical treatment that he/she deems necessary for my daughter. I hereby state that my daughter is in good health and is physically able to play softball

\_\_\_\_\_ I / We have read, understand and agree to comply with the Waiver of Liability as outlined above

\_\_\_\_\_ I agree to the City of Gardendale Park and Rec Disciplinary Policy.

**Signature:** \_\_\_\_\_

View and/or download a copy of the policy - **CLICK HERE**

## Medical and Emergency Information

**Current physical and medical insurance on file are required to participate**

Doctor's Name \_\_\_\_\_  
Dr.'s Phone Number \_\_\_\_\_  
Preferred Hospital \_\_\_\_\_  
Medical Insurance Company \_\_\_\_\_  
Insurance Group Number \_\_\_\_\_  
Insurance Policy Number \_\_\_\_\_

## PARENT/GUARDIAN 1 INFORMATION

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

### Volunteer Options

\_\_\_\_\_ Sponsor    \_\_\_\_\_ Head Coach    \_\_\_\_\_ Assistant Coach    \_\_\_\_\_ Team Mom  
\_\_\_\_\_ Board Member

## PARENT/GUARDIAN 2 INFORMATION

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

### Volunteer Options

\_\_\_\_\_ Sponsor    \_\_\_\_\_ Head Coach    \_\_\_\_\_ Assistant Coach    \_\_\_\_\_ Team Mom  
\_\_\_\_\_ Board Member

**TOTAL: \$ 165** - (for 1 player registered)

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Submit total fees upon conclusion of this registration session offline via check. Please make checks payable to GGSA and mail check to:

GGSA  
2109 Moncrief Road  
Gardendale, AL 35071