

GARDENDALE GIRLS SOFTBALL ASSOCIATION PLAYER REGISTRATION

PLAYER 1 INFORMATION

Division (circle league registering for)

RagBall

6U

8U

10U

12U

15U

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**

PLAYER 2 INFORMATION

Division (circle league registering for)

RagBall

6U

8U

10U

12U

15U

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

PLAYER 3 INFORMATION

Division (circle league registering for)

RagBall

6U

8U

10U

12U

15U

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

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: \$ 465 - (for 3 players registered)

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