GGSL Player Registration Form

Check #_____

Cash:_____

$60 Each

Late fee$70 after 2/27/2016

Age of player as of January 1, 2016:_____

AGE GROUP: **5-8 Years** **10 and under** **12 and under** **18 and under**

NAME:_____ BIRTHDATE____/_____/_____

Last *First* *MI*

ADDRESS:_____ CITY and ZIP:_____

Physical Address (NOT a P.O. Box)

PARENT/GUARDIAN NAME AND PHONE:_____

PARENT/GUARDIAN NAME AND PHONE:_____

EMERGANCY CONTACT NAME AND PHONE NUMBER:_____

YOUTH T-shirt size: S M L XL

ADULT T-shirt size: S M L XL 2XL 3XL Other:_____

Previous Team/Coach:_____

Positions Played:_____

***PARENT INVOLVEMENT* is *ESSENTIAL* to a Quality Program. Please help in any way you can.**

I do hereby give my consent for my daughter to participate in the Grantsville Girls Softball League for the current season games, practices, and tournaments. I will assume all risks and hazards that are incidental to the activities. I agree to release, absolve, indemnify, and hold harmless: Grantsville Girls Softball League, their officers, and supervisors of all legal responsibility or any claim resulting from injury or accident occurring during or as a result of league practices, games, and tournaments. I give my permission for my daughter to receive first aid and emergency medical treatment in my absence. I agree that I have an obligation to support my daughter and her team in a respectable manor and in accordance with the Grantsville Girls Softball League Bylaws, and I understand that my daughter will be drafted to a team to make the league as equal as possible.

YES_____ NO_____ *I agree that in the event my daughter is chosen as an All-Star I understand that additional fees and obligations may apply.*

Yes_____ NO_____ *I agree to give my permission to GGSL to use any pictures of my daughter in advertisements and promotions as they see fit including but not limited to league websites.*

Parent/Legal Guardian:_____Date:_____

Signature