

GRAPEVINE GIRLS SOFTBALL ASSOCIATION

REGISTRATION FORM

PLAYER'S INFORMATION																	
Last Name			First Name			Birth Date			Age (as of 12/31)								
Address						City			Zip								
Home Phone No.				Current School				Grade									
PARENT/GUARDIAN INFORMATION																	
Mother's Last Name			Mother's First Name			Work/Cell Phone No.											
Father's Last Name			Father's First Name			Work/Cell Phone No.											
Email Address:																	
PLAYER SOFTBALL EXPERIENCE																	
Experience						If returning, name of previous coach and team											
If returning, check here if you DO NOT want the same coach																	
If offered, would you like your child considered for "select" or "tournament" team?																	
UNIFORM INFORMATION																	
Jersey/Shirt Size																	
Youth Sizes						Adult Sizes											
Small		Medium		Large		Small		Medium		Large	Ex Large						
Short Size																	
Youth Sizes						Adult Sizes											
Small		Medium		Large		Small		Medium		Large	Ex Large						
Shoe Size (for sock size)																	
Enter Shoe Size				or Circle correct sock size													
				YS		YM		YL		AS		AM		AL		AXL	
FOR GGSA USE ONLY																	
LEAGUE		6U		8U		10U		12U		14U		16U					
Amount Paid						Check #				Or Cash							
Birth Certificate			On File			Provided with registration form											
Season		Spring		Fall		Date of Registration											
Person accepting registration form																	

FORM CONTINUES ON BACK

GRAPEVINE GIRLS SOFTBALL ASSOCIATION

I, the parent/guardian of the named child on this page, do hereby give my consent to my child's participation in the Grapevine Girls Softball Association (GGSA). I will assume all of the risks and hazards incidental to conducting said activities and transportation to and from the activities.

I do further release, absolve, indemnify, and hold harmless GGSA, and the organizers, sponsors, Board of Directors, coaches, and the City of Grapevine in the case of injury to my child. I hereby waive all claims against the organizers, sponsors, and coaches appointed by GGSA.

I, the parent of the named child on this page, hereby authorize medical, surgical, or dental treatment as necessary in case of emergency. I hereby authorize treatment and/or care at any hospital.

By signing your name, you hereby confirm that you agree to this waiver and consent of treatment. If you do not agree, then your child will not be allowed to play in GGSA.

Parent/Guardian signature: _____ Date: _____

SPECIAL CONSIDERATIONS AND MEDICAL INFORMATION:

**** A \$25.00 administrative fee will be charged for all refunds. No refund will be given after team uniforms have been ordered.**

Please initial here that you understand our refund policy.
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Promotional Picture Use Release

GGSA may, on occasion, wish to utilize team and individual pictures for league promotional purposes. These promotions may include newspapers, roster books, for the GGSA web site. In order to include your daughter and her team, we must have releases from each player on the team. If you authorize the usage of your daughter's picture(s), please sign your name below. This release will not affect whether your daughter can play in our league in any way. For the GGSA, web site, we do not publish names of any children for safety purposes.

Parent/Guardian signature: _____ Date: _____

On occasion, GGSA is asked to sponsor a child who may not be able to afford to participate. If you would be interested in sponsoring one or more of these girls please circle the YES here: YES

You will be contacted if we have any girls that need assistance.