

ST. JOHN GIRLS SOFTBALL REGISTRATION FORM

AGE GROUP CIRCLE ONE

2018 Playing Age ____

T-BALL 8U 10U 12U 14U 16U/18U 18 & Older (Adult League) (Age as of 12/31/2017)

NAME DATE OF BIRTH ADDRESS TOWN ZIP CODE PHONE NO. E-MAIL ADDRESS FATHER'S NAME MOTHER'S NAME

HAVE YOU PLAYED ORGANIZED SOFTBALL BEFORE? WHERE / FOR WHOM? WHAT AGE GROUP WERE OR ARE YOU ON A TRAVEL TEAM? POSITIONS PLAYED DO YOU PITCH? DO YOU CATCH? WERE YOU ON THE ALL STAR TEAM? ARE YOU TAKING PITCHING LESSONS? IF YES FOR HOW LONG?

Player Shirt Size Circle One

(T-BALL & 8U ONLY) Short Size Circle One

YS YM YL AS AM AL AXL AXXL

YS YM YL AS AM AL

Last Name Only:

I would like to be considered for a Managers or Coaches position:

Initial to Confirm Size:

CONSENT FOR EMERGENCY MEDICAL TREATMENT

We, the parents/guardians of, give permission for emergency medical treatment of our child for illness or accident if we cannot first be contacted.

EMERGENCY PHONE: Parent or Guardian Phone #

Person to notify other than parent/guardian in case of an emergency:

Name: Phone #

Relationship

Does your child have any allergies, physical handicaps, medical problems, or require any special medical treatment?

No Yes If yes, explain

We the parents/guardian of the above named applicant, DO hereby give our approval for her participation in any and all softball activities, and we do further release, absolve, indemnify, and hold harmless the St. John Girls Softball Leagues, the organizers, the sponsors, the supervisors and any and all of them in case of injury to our child. We hereby waive all claims against the league, organizers, sponsors and supervisors appointed by them. We likewise release from responsibility any person transporting our child to and from any softball related activity. *NO REFUNDS*

PARENT/GUARDIAN SIGNATURE DATE

LEAGUE USE ONLY

ABSOLUTELY * NO REFUNDS *

Registration Fee \$ Check Number Cash

Work Deposit \$ Check Number Cash

Total Received by Date

Sister(s) Playing (if yes, names and playing age)