El Segundo Girls Softball

www.elsegundogirlssoftball.com

Player Registration Form - 2010

For ESGS use only. Do not write in this box.

Division: _____ Team #: _____

Manager: _____

BC verified by: _____

PLAYER INFORMATION:

Last Name	First Name	Date of Birth	Age as of 12-31-09
Street Address or P.O. Box	City	State	Zip

Home Phone #	Shirt Size:(check one) ☐ YS ☐ YM ☐ YL ☐ AS ☐ AM ☐ AL ☐ AXL ☐ AXXL	Sock Size: (check one) ☐ 6-8 ☐ 9-11 ☐ 10-13

Years of Softball Experience: _____	☐ Have played All Stars. Years:	☐ Play or plan to play Travel Ball	Check, if applicable ☐ Played Catcher; Yrs: _____ ☐ Played Pitcher; Yrs: _____ ☐ Trying out for Pitcher ☐ Works with Pitching Coach; Yrs: _____
List any other club sports or activities that may conflict with softball practice or games:			

PARENT INFORMATION:

Mother's or Guardian's Name	Email Address(es)
Address (If different from player's)	
Home Phone # / Cell Phone # / Work Phone #	

I would like to volunteer for: (*volunteer application required)
☐ Team Parent ☐ Manager ☐ Board Position/Committee ☐ Coach ☐ Umpire ☐ Chaperone

Father's or Guardian's Name	Email Address(es)
Address (If different from player's)	
Home Phone # / Cell Phone # / Work Phone #	

I would like to volunteer for: (*volunteer application required)
☐ Team Parent ☐ Manager ☐ Board Position/Committee ☐ Coach ☐ Umpire ☐ Chaperone

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Registration Fee: $ _____
School Fee: $ _____
Fundraiser Buy-out: $ _____
Clinic: $ _____
Total Amount Paid: $ _____
Initials: _____

☐ Paid by cash $ _____
☐ Paid by check $ _____
Check # _____
Snack Bar Deposit: $ _____
Check # _____

# of players registering: _____

Sibling Name	Div	Team#

WAIVER OF LIABILITY AND DISCLAIMER

The participant will be playing in a girl's softball program. As such, the participant will be subject to catching and hitting balls thrown at a high rate of speed; catching balls in the air and on the ground that are hit at a high rate of speed; running at a high rate of speed; sliding into bases; possible collision with other participants; possibly being hit by a thrown or hit ball; and other elements common in the sport of softball.

In consideration for being permitted by El Segundo Girls Softball (ESGS) to participate in the above activity, I, the undersigned parent or guardian of named individual, hereby give my consent and agree to release, indemnify and hold harmless ESGS, its officials, coaches, and representatives, from any claim arising out of injury to the named individual. I also hold harmless ESGS, its officials, coaches, and representatives, from any claim arising out of injuries or conditions caused or aggravated by my refusal to obtain available medical treatment based on religious or philosophical beliefs or otherwise.

ACKNOWLEDGEMENT AND CONSENT

For both internal and external use, I acknowledge that ESGS may compile address, phone number and mailing labels, and may utilize softball photographs of the named individual. I consent to such uses and hereby waive all rights to compensation.

MEDICAL INFORMATION:

Is the player covered by insurance?
☐ Yes ☐ No Name of insurance carrier :

Does the player have any disabilities, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition?
☐ Yes ☐ No If YES, describe:

EMERGENCY AUTHORIZATION:

I, the undersigned parent or legal guardian of the participant, a minor, hereby authorize the coaches, assistant coaches, or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as my Agents, to consent to medical, surgical or dental examination and/or treatment in case of emergency. I hereby authorize treatment and/or care at any hospital. If there is an emergency and I cannot be reached, please contact the person named below, who is hereby authorized to act on my behalf.

EMERGENCY CONTACT (Not Parent or Guardian):
Name **Area Code/Phone #**

I have read, understand and accept the Waiver of Liability and Disclaimer, as well as the Acknowledgement and Consent part of this form.

_____
Signature of Parent or Guardian Date

I have read, understand and agree to the Snack Bar Policy, Field Policy & the Code of Ethics and will abide by them.

_____
Signature of Parent or Guardian Date