

SCHERERVILLE GIRLS SOFTBALL REGISTRATION

No refunds

Current Playing Age _____ (Age as of 12/31/2011)

NAME _____ DATE OF BIRTH _____

ADDRESS _____ TOWN _____ ZIP CODE _____

PHONE NO. _____ E-MAIL ADDRESS _____

FATHER'S NAME _____ MOTHER'S NAME _____

HAVE YOU PLAYED ORGANIZED SOFTBALL? _____ WHERE / FOR WHOM? _____

WERE OR ARE YOU ON A TRAVEL TEAM? _____ WERE YOU ON AN ALLSTAR TEAM? _____

DO YOU PITCH FREQUENTLY? _____ DID OR DO YOU TAKE PITCHING LESSONS? _____ FOR HOW LONG? _____

ARE YOU A CATCHER? _____ FOR HOW LONG? _____ POSITIONS YOU PLAY _____

Write your name in below if you would like to volunteer! VOLUNTEERS NEEDED!!! (For the activities listed below)

Manage: _____ Sponsors _____ Maintenance Day _____

Coach: _____ Umpires _____ Picnic _____

Team Mom: _____ Tournaments _____ Fund Raising _____

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 Schererville Girls Softball League, 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.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

LEAGUE USE ONLY

Registration \$ _____ Fund Raiser \$ _____ Clinic \$ _____ Adnl Eqpt \$ _____ Misc \$ _____ Total \$ _____ Ck # _____ Cash

\$75 Work Dep. Check #: _____ Cash Addn'l Fund Raiser Ticket Numbers: _____ Pre-Pay? Yes No

Division (circle) Training (7U) Instructional (8U) Intermediate (10U) Junior (12U) 14U 18U 18&O

Team _____ Manager _____

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

Notes: _____ Received by _____ Date _____

Schererville Girls Softball Uniform Order Form

PLEASE PRINT LEGIBLY

Name:
Phone:
Address:
Email:

Name as it will appear on the back of the t-shirt: Use a first name, last name or nickname.

Division player will be in for this season (please check one)

T-Ball **8U** **10U** **12U** **14U** **18U**
T-Shirt **Sleeveless V Neck**

Select your choices accordingly and circle your selection.

	T-Ball	8U	10U	12U	14U	18U
Shirt Size	YS YM YL	AS AM AL	YS YM YL	AS AM AL AXL	AS AM AL AXL AXXL	
Short Size	YS(6-8) YM(10-12) YL(14-16) AS(28-30) AM(32-34) AL(36-38)		YS (6-8) YM (10-12) YL (14-16) AS (28-30) AM (32-34) AL (36-38)	YL (14-16) AS (28-30) AM (32-34) AL (36-38) AXL(40-42)	N/A	
Sock Size	S(7-9 yr)	S(7-9 yr) M(10-12 yr) L(13-adult)	S (7-9 yr) M (10-12 yr) L (13-adult)		S (7-9 yr) M (10-12 yr) L (13-adult)	

Please do not write below this line League use only

Manager Name: _____
 Age Group: _____
 Team Color: _____
 Team Number: _____
 Sponsor: _____