

Fundraiser	Paid/ Not Paid
Shirt Size	
Birth Certificate	Y / N

ALPINE GIRLS SOFTBALL ASSOCIATION **20__ PLAYER REGISTRATION FORM**

Program Age/Div.	____/____
Pool Player?	Y / N
Season	Rec / Winter

Please PRINT all Information Today's Date ____/____/____ Player's Birthdate ____/____/____

Player's Name _____ **School** _____ **Grade** _____

Address _____ **Apt. #** _____ **City** _____ **Zip** _____

Home Phone _____ **Player lives with:** ____ Mom ____ Dad ____ Both ____ Other _____

Mother's Name _____ **Home Phone** _____ **Cell** _____ **E-Mail** _____

Address _____ **Apt. #** _____ **City** _____ **Zip** _____

Employer _____ **Work phone** _____ **Occupation** _____

Father's Name _____ **Home Phone** _____ **Cell** _____ **E-Mail** _____

Address _____ **Apt. #** _____ **City** _____ **Zip** _____

Employer _____ **Work phone** _____ **Occupation** _____

Player's Physician _____ **Phone** _____

Address _____ **City** _____ **Insurance** _____

I.D. # _____ **Last Physical** _____ **Medication** _____

Please list any pertinent information below. (Such as allergies, asthma, heart condition, restrictions or physical impairment.)

I (we) authorize a member of the AGSA staff to administer minor treatment as necessary. It is understood that in case of an emergency, every effort will be made to contact me (us) at the numbers listed on this form. The undersigned parent(s) or legal guardian(s) of the player, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical diagnosis rendered under general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act, or a dentist licensed under the provisions of the Dental Practice Act and on the staff at any acute general hospital currently licensed by the State Department of Public Health. This authorization is given pursuant to the provisions of the civil code in my (our) home state. Consent remains in effect until 12/31/____

In case of emergency Notify:

Name _____ **How Related** _____ **Phone ()** _____

AGSA Website – AGSA has a website (<http://etamz.active.com/alpineasa/>) that provides updated information on all league matters, including action photo and name recognition. Please initial below to the level of your consent to use your daughter's name/photo:

Photographs Action/Individual Photos _____ No Photos (except team photos) _____
Name 1st initial/last name _____ 1st name/last initial _____ Full Name _____ No Name _____

I (we), do hereby give my (our) consent for _____ (list player) to actively participate in the Alpine Girls Softball Association (AGSA) league softball program. I (we) assume all risks and hazards, which are incidental to the conduct of the AGSA activities. When requested, I (we) will submit a copy of "Certificate of Live Birth." I (we) understand that when the manager or chaperone is present, all players are covered by an Excess Accident/Medical Insurance Policy and coverage extends for a limited time of the accident. Insurance is only in effect at official team practices, scheduled by the league, including, the Umpire in Chief, with teams from the same league; all league approved tournaments; and all approved Travel team games and practices. I (we) are responsible for the payment of the Player's registration fee. I (we) are responsible to participate in the league approved fund-raiser programs. I (we) are responsible to support our girl's team and league by allowing our girl to be at practices and games. I (we) will support all positive examples of FRIENDSHIP and SPORTSMANSHIP. I (we) will contact a member of the Board of Directors in writing of any concerns we may have in regard to our daughter's well being.

Signature of Parent or Guardian _____ Date _____ Requested Team Buddy _____
 (Allowed ONLY in 6U and 8U Divisions)

Comments/Special Requests must be accompanied by written explanation and is subject to AGSA Board review _____

FOR OFFICE USE ONLY -

Registration # _____ Protected? Y/N _____ Manager/Coach _____ Sister _____ Team Buddy _____

Catcher _____ All-Star _____ # of years _____ Experienced _____ # of years _____ Other League _____ Playing Up? Y/N _____ Down? Y/N _____

Notes _____