

# HALIFAX GIRLS SOFTBALL

## 2025 SPRING REGISTRATION FORM

### How to Register:

- 1- Submit this form by e-mail (scan or pic) to [barone1077@aol.com](mailto:barone1077@aol.com), or mail to, or drop in mailbox at, 680 Plymouth St, Halifax, MA 02338, and make payment by VENMO (@Halifax-GirlsSoftball).
- 2- Payment can also be made by cash or check to "HGSL" and dropped in above mailbox along with completed registration form.
- 3- Please do NOT drop off at Halifax Elementary School!

**\*\*\*\*NO registration will be accepted without Payment!\*\*\*\***

**FAMILY RATE: First child pays full rate (highest level). All other siblings pay half rate.**

<u>If Player is:</u>	<u>She Will Play In:</u>	<u>Cost:</u>
4 year old (Born 5-1-20 to 4-30-21)	ROOKIE	\$60.00
In Pre-K or Kindergarten	TEE-BALL	\$100.00
In 1 <sup>st</sup> or 2 <sup>nd</sup> Grade	FARM	\$100.00
In 3 <sup>rd</sup> or 4 <sup>th</sup> Grade	MINOR	\$180.00
In 5 <sup>th</sup> or 6 <sup>th</sup> Grade	JUNIOR	\$180.00
In 7 <sup>th</sup> – 12 <sup>th</sup> Grade	SENIOR	\$180.00

- Games for SENIOR Division will begin the week of April 6. All other divisions will begin the following week.
- All players will play in their above listed Grade/age groups.
- HGSL cannot "Hold" spots. Only fully registered players can be added to rosters.
- Rosters will close for MINOR, JUNIOR & SENIOR divisions on MARCH 1<sup>st</sup> if rosters are full.
- ROOKIE, T-BALL & FARM divisions will accept registrations until rosters are full.
- No child will be denied participation due to financial hardship.
- *If you have any questions, or would like to become involved in any capacity, please contact Pete Barone @ [barone1077@aol.com](mailto:barone1077@aol.com)*

Player Name:	DOB:
Address:	Grade:
Parent/Guardian:	Cell #:
E-Mail: (please print clearly!!)	Are you be interested in Coaching or Volunteering? Manager _____ Assistant Coach _____

*"As the parent/legal guardian of the above named child, I hereby give my consent for emergency medical care prescribed by a duly licensed healthcare professional to preserve life, limb or well being of my dependent".*

Parent or Guardian Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Payment type: \_\_\_\_\_ Officer Initials: \_\_\_\_\_

**[www.HalifaxGirlsSoftballLeague.com](http://www.HalifaxGirlsSoftballLeague.com)**

*If you have a company, or know of a company interested in sponsoring a team this year, please visit the league website and see the "Sponsor" page.*