

Registration #: _____

Season: _____

Division:

T - 8 - 10 - 12 - 14



Birth Certificate: _____

Utility Bill: _____

LEAGUE USE ONLY

Mgr's Daughter Coach's Daughter Catcher Pitcher All Star Buddy Sister/Relative

Coach/Mgr Name: _____

Buddy/Sister: _____

Player's Date of Birth: ____/____/____

Age of Player on December 31, 2009: _____

Ages: **Division:**

4½ to 6 yrs old **T-Ball**

6 to 8 yrs old **8 & Under**

9 & 10 yrs old **10 & Under**

11 & 12 yrs old **12 & Under**

13 & 14 yrs old **14 & Under**

Shirt Size (circle one)	Short Size (circle one)
YS <input type="checkbox"/> - YM <input type="checkbox"/> - YL <input type="checkbox"/>	YS <input type="checkbox"/> - YM <input type="checkbox"/> - YL <input type="checkbox"/>
YM <input type="checkbox"/> - YL <input type="checkbox"/> - AS <input type="checkbox"/> - AM <input type="checkbox"/> - AL <input type="checkbox"/>	YM <input type="checkbox"/> - YL <input type="checkbox"/> - AS <input type="checkbox"/> - AM <input type="checkbox"/> - AL <input type="checkbox"/>
YM <input type="checkbox"/> - YL <input type="checkbox"/> - AS <input type="checkbox"/> - AM <input type="checkbox"/> - AL <input type="checkbox"/> - AXL <input type="checkbox"/>	YM <input type="checkbox"/> - YL <input type="checkbox"/> - AS <input type="checkbox"/> - AM <input type="checkbox"/> - AL <input type="checkbox"/> - AXL <input type="checkbox"/>
YM <input type="checkbox"/> - YL <input type="checkbox"/> - AS <input type="checkbox"/> - AM <input type="checkbox"/> - AL <input type="checkbox"/> - AXL <input type="checkbox"/>	YM <input type="checkbox"/> - YL <input type="checkbox"/> - AS <input type="checkbox"/> - AM <input type="checkbox"/> - AL <input type="checkbox"/> - AXL <input type="checkbox"/>

Preferred Jersey #:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

PLAYER INFO

Last Name: _____ First Name: _____

Street Address: _____

City: _____ Zip Code: _____ Phone #: _____

School: _____ Grade: _____

PARENT INFO

Mother's Name: _____ Phone #: _____

Occupation: _____ Work #: _____

Email Address: _____ Cell #: _____

Father's Name: _____ Phone #: _____

Occupation: _____ Work #: _____

Email Address: _____ Cell #: _____

EMERGENCY CONTACT INFO

(Other then yourself)

Emergency Contact: _____ Relationship: _____

Home #: _____ Cell #: _____ Work #: _____

Team Volunteers

I would like to volunteer for the following position(s) on my daughter's team:

Coach Asst. Coach Manager Chaperone Team Mom Team Banner Score Keeper Board Rep.

Parent Authorization

I (we) hereby, give (our) consent for _____ to actively participate in the COGFS Program. I (we) assume all risk and hazards that are incidental to the conduct of softball activities. Insurance is only in effect at team practices and scheduled team games.

It is understood that in case of emergency, every effort will be made to contact me (us) at the number (s) 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 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 12/31/2010.

I (we) have also read the Parent Volunteer commitment listed on the back of or attached to this form.

Signature of Parent(s): _____ Date: _____

_____ Date: _____

Communication Preferences

In efforts to conserve paper and league funds, we are offering an Email Only preference for communications from the league. Please check the box below if you would like to help us, and receive all communication from the league via the email address listed on the front of the registration form.

(Note: if there are two email addresses listed, the email will be sent to both)

YES! Please sign me up for email only!

VOLUNTEER REQUIREMENTS

Central Orange Girls Fastpitch Softball is a Non Profit Organization that operates primarily on Volunteers. The majority of our expenses are acquired from services that help keep our facilities and equipment safe, clean and up to date for our players, while the remaining expenses are directly related to the player's individually (uniforms, insurance, first aid, etc). Where as the league fees, fundraisers, snack bar sales, and the occasional tournament essentially cover these expenses, the organization still requires the efforts of its members to mobilize the operations of the league as a whole.

By registering your daughter to play for COGFS, you are committing to a minimum requirement of 10 volunteer hours and a minimum of two snack bar shifts to be worked during the season. The volunteer hours and snack bar shifts will be tracked on a form by your team manager. The following list is of tasks / events that can be completed / worked to satisfy your 10 hour requirement. The snack bar shifts will be assigned to you once your team is formed. (Parents that register as a Head Coach, Assistant Coach, or Manager ONLY will be exempt from the 10 volunteer hours and 2 snack bar shift requirements. Team Manager, Head Coach & Official Assistant Coaches must also be background checked through ASA, attend an ASA approved coaching clinic and approved by the COGFS board prior to any team activities.)

Tasks / Events / Field Maintenance Day to expend your volunteer hour commitment:

- Field Setup before one game (parent must attend a short field setup clinic or be instructed on the setup of a field by another coach / board member (1 hour)
- Volunteer to work a shift at the Annual International Street Fair, Treats in the Streets or Tree Lighting Ceremony events (see board member for more information on these events, 2 hours per shift.)
- Volunteer to work a snack bar shift during league hosted Tournaments (see board member for more details, 2 hours per shift.)
- Volunteer at any other events that the organization needs assistance with.

By signing below, you understand that:

1. **The 10 hour minimum volunteer requirement is MANDATORY for each player, but can be worked by anyone for that player. Failure to complete volunteer hours could result in loss of Trophy, team pictures and yearbook.**
2. **Snack bar shifts MUST be worked to fulfill the second requirement.**
3. **Your daughter will not be allowed to begin practices or games until mandatory fundraising requirements are met.**
4. **THE ONLY WAY TO MAKE THE LEAGUE A SUCCESS FOR OUR GIRLS IS TO VOLUNTEER!!!**

Refund Policy: \$25 processing fee will be charged if a player drops after registration. After Player Evaluations are complete only 50% of the registration fee will be refunded. After teams have been formed there will be NO REFUNDS.

Signature of Parent(s) / Guardian(s): _____ Date: _____
 _____ Date: _____

Volunteer Hours / Snack Bar Shift Tracking Chart

Activity													
Hours	1	2	3	4	5	6	7	8	9	10	Snack Bar Shift #1	Snack Bar Shift #2	
Mgr											<input type="checkbox"/>	<input type="checkbox"/>	

Please print clearly.