

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:**

4^{1/2} 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 than 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: _____

