

**Brownsburg Girls Softball League, Inc. (BGS�)
2010 Spring Registration & Player Information**

Name: _____
Address: _____
City/State/Zip: _____
Primary Phone Number: _____
E-Mail: _____

Siblings playing in the same Division:
Name: _____
Name: _____

Is this child associated with a sponsor? Yes No
If so, which one? _____

Birth Date: _____

League/Division (please circle one):

Coach Pitch: 6U 8U

Slow Pitch: 10U 12U 14U 19U

Fast Pitch: 10U 12U 14U

Shirt Size (please circle):

YS YM YL AS AM AL AXL

Please PRINT name desired on shirt
(maximum 11 characters):

(if blank last name will be used)

Parent/Guardian Information (If guardian, please note so)

Father's/Guardian's Name: _____

Alt/Cell Phone Number: _____

Would you be interested in?
Manager Yes No
Coach Yes No
Team Parent Yes No

Mother's/Guardian's Name: _____

Alt/Cell Phone Number: _____

Would you be interested in?
Manager Yes No
Coach Yes No
Team Parent Yes No

Child resides with (circle one): Both Parents Father Mother Other (specify) _____

Physician's Name: _____ Phone Number: _____

Insurance Company: _____ Policy Number: _____

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Relation to participant: _____

Please note if your child has any specific conditions, limitations, and/or special needs, including medications.

Refund Policy:

- a) All requests for refunds must be made to the Vice President of Competition in writing.
- b) Registration refunds must be approved by the board by simple majority vote of those members present at the next regularly scheduled board meeting.
- c) Fund raiser monies and late fees will not be refunded.
- d) No refunds will be granted after the first practice.

Initial here _____

