

Pittsfield Girls Softball Inc.

2010 Registration Form

www.pittsfieldgirlssoftball.com

Player Information:

First/Last Name Home Phone:

Street Address Father's Work Phone

City/State/Zip Father's Cell Phone

Date of Birth MM/DD/YYYY Mother's Work Phone


Parent Name Mother's Cell Phone:

Parent Email

Check here to be sent reminders of games, cancellations etc

Did you play in our program last year? Y/N

If yes: Team: Coach Position

<u>Division Name</u>	<u>Year of Birth</u>		
Instructional	2002-2004	 2010 Division	<input type="text"/>
Rookie	1999-2001		
Minor	1997-1998		
Major	1995-1996		
Senior	1991-1994		

Registration fee must be paid at the time of registration. Registration deadline is April 3, 2010.

Cost: Age as of 12/31/2009 : 5 to 7 = \$40 8 to 18 = \$65

Registration fee includes shirt, socks and visor.

Mail registration form with payment to: Pittsfield Girls Softball Inc.~ PO Box 928~ Pittsfield, MA 01201

Make Checks payable to: Pittsfield Girls Softball, Inc.

Requests for refunds of registration fees must be made in writing to PGS, Inc. and must be received no later than 4/8/2010.

T-Shirt Size: Child Sizes: 6-8, 10-12, 14-16, 18-20 Adult Sizes: S, M, L, XL

Do you plan to play high school softball this season: Y/N Other spring activities (include other sports and extracurriculars)

Interested in clinics? Catcher Hitting Pitching Fundamentals

Parent Information:

Please contact me in regards to Sponsoring a team Purchasing an outfield sign

I am willing to volunteer in the following areas: (please circle all that apply.)**

Spring Clean up Field Prep Fund Raising Team Parent

Each family is **Required to volunteer time at the concession stand. You will be contacted by your team parent.

Pittsfield Girls Softball will make every effort to accommodate families with team selection/placement. We are unable to accommodate other requests.

I give _____ permission to play softball with the PGS.

Player name

Parent/ Legal Guardian Signature Date

Internal Use: Paid _____ Division: I R MI MA SR Initials _____

THE PITTSFIELD GIRLS SOFTBALL ASSOCIATION, INC.

PARTICIPANT PERMISSION AND RELEASE FORM

To be signed by the parent/guardian of ALL participants 18 years of age and younger

PARTICIPANT'S NAME: _____

FULL ADDRESS: _____

AGE: _____ DATE OF BIRTH: _____

I, as parent/guardian of the above-named participant, on behalf of the above-named participant, do hereby give my permission to participate in the Pittsfield Girls Softball Association, Inc. ("PGS") softball league. On behalf of such participant, I assume all risks and hazards incident to such participation, and hereby waive, release, absolve and agree to hold harmless PGS, its officers, employees, agents and related parties (hereinafter collectively "the League") for any and all claims arising out of any injury to such participant, including, without limitation, any claim for personal injuries resulting from or arising out of the negligence of the League in connection with participation in the league. On behalf of such participant, I assume all responsibility and certify that such participant is in good physical health and is capable of participation in the league.

PARENT/GUARDIAN PLEASE NOTE:

1. The physical nature of softball involves inherent risks and hazards of physical injury. The League is not responsible for injuries suffered by participants.
2. If a participant wishes to avoid the risks and hazards inherent in softball the participants SHOULD NOT PARTICIPATE. The League is not responsible for injuries suffered by participants.

To be signed by parent/guardian of participant 18 years of age and younger.

I give _____ to participate in the league.

PARENT/GUARDIAN SIGNATURE _____ DATE: _____