Parkway Girls Softball League
P.O. Box 320354
West Roxbury, MA 02132

Parkway Girls Softball League Registration Form

Player Data

Date of Birth _____

Player Name: _____ _____ _____
First Name Middle Last Name

Street Address: _____

Address Line 2: _____

Neighborhood: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Parent/Guardian Data

Parent Name: _____

Work/Cell Phone: _____

E-Mail: _____

Parent Name: _____

Work/ Cell Phone: _____

E-Mail: _____

Player Status

New to League: Yes / No Year Last Played: _____ Former Team:_____

I/We the parents and guardians of the above applicant who is candidate for a position on a Parkway Girls Softball League (PGSL) team, hereby give my/our approval to his/her participation in any and all of the activities of the PGSL during the current season. I/We assume all risks and hazards incidents to the conduct of the activities and transportation to and from the activities. I/We do further hereby release, absolve, indemnity and hold harmless PGSL the organizers, the sponsors or any of the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our girl to or from the activities. I/We will furnish a certified birth certificate and proof of residency of the above named candidate upon the request of league officials.

Parent Signature: _____ Date: _____

Notes: _____

_____

_____

Volunteer: Coaching: _____ Activities: _____ Field Prep: _____

PGSL Only: Date _____ Initials_____ Cash _____ Check _____ Check # _____