2009 HAMILTON GIRLS SOFTBALL ASSOCIATION FALL BALL REGISTRATION FORM

Player Name: _____ **Birth date:** _____/_____/_____

Address: _____

Street Apt. City State Zip

Shirt Size: **Adult Youth** (circle one) **S M L XL** (circle one)

_____ **Home Phone:(_____) _____ - _____**

Mothers first and last name

Email Address: _____

_____ **Home Phone:(_____) _____ - _____**

Fathers first and last name

Email Address: _____

Division: (Determined by age prior to January 1, 2009) HGSA *has expanded its Major League Age Bracket*

_____5-7 T-Ball _____8-9 Instructional _____10-12 Minor _____ 13-17 Major (note age change)

Spring Team Name (returning player only): _____

Parent(s) / Guardian(s) willing to help: _____ **Manage** _____ **Coach** _____ **Team Parent**

HGSA FALL BALL

Fall Ball players will be assigned to teams based upon age and position experience (except for T-ball) to equalize teams in all divisions. ***ALL Players must clearly indicate their position(s) below!!*** Siblings will be placed together unless noted on this form. There are ***NO REQUESTS*** in any division. Players aging out of a Spring division are encouraged to move into their new division for Fall Ball play to acclimate to the higher level of play and rules within that division. Fall Ball is an informal way to keep developing softball skills. Fall Ball teams will have two pre-season practices and then play an 8 game schedule (one game a week). **Pitching Guidelines:** For the safety of all the players, 10's cannot pitch in the Instructional division, 13's cannot pitch in the Minors and 17's cannot pitch in the Majors.

Postion(s):_____

WALK IN REGISTRATION DATES @ HGSA: June 26 July 10 July 24 August 7 6-7 PM Each Night

Register: Please complete this form and mail it or walk in register along with Birth Certificate copy (new players only) and the FALL BALL Registration Fee: **$40 per player / $60 two or more siblings**. Mail in registrations must be received by **August, 2009**. Make checks payable to HGSA.

Mail to:

Hamilton Girls Softball Association - Fall Ball
P.O. Box 3430
Mercerville, New Jersey 08619

Walk in:

Hamilton Girls Softball Association
Christine Avenue
Mercerville, New Jersey 08619

QUESTIONS REGARDING FALL BALL SHOULD BE DIRECTED TO: TARA LAVIN @ 888-1395

MEDICAL INFORMATION

Please provide any information about allergies or medical conditions that the manager should be aware of in case of an emergency:

Pediatrician or Group Name:_____ **Phone #**_____
Dentist Name:_____ **Phone #**_____
Hospital Preference:_____ **Phone #**_____

I / We the parent(s) or guardian(s) of the above named player in the Hamilton Girls Softball Association, hereby give my / our approval to participate in any and all Hamilton Girls Softball Association activities. I / We agree to return upon request, any uniform pants and/ or other equipment issued to my / our child in as good a condition as when received except for normal wear and tear.

I / We know that participation in fast pitch softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless, Hamilton Girls Softball Association, the organizers, sponsors, participants, and persons transporting my / our child to and from activities for any claim arising out of any injury to my / our child whether the result of negligence, or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

I/We have read, accepted and agree to abide by the conduct guidelines as set forth in the HGSA Sport Parent Code of Conduct.

Parent(s) or Guardian(s) Signature(s): _____

PLEASE VISIT OUR LEAGUE WEBSITE WWW.ETEAMZ.COM/HGSAHURRICANES FOR LEAGUE INFORMATION.

League Use: Reg. Fee _____ Check # _____ Birth Certificate Verified By: _____