

2009 HAMILTON GIRLS SOFTBALL ASSOCIATION REGISTRATION FORM

Player Name: _____ Birth date: ____/____/____

Address: _____
Street Apt. City State Zip

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

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.

Spring Team Name (returning player only): _____ Sibling(s) Team Name (if applicable): _____

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

A Pre-Season **Pizza Kit Fundraiser** is required for all registrants.

____ **Pizza sale Participation**
(Each Player sells 4 Kits)

____ **Buy Out Option**
(Include \$40 with reg. fee)

A **Discount Coupon Card Fundraiser** is required for all registrants.

____ **Card sale Participation**
(Each Player sells 5 Kits)

____ **Buy Out Option**
(Include \$25 with reg. fee)

A 2-day, 2-hour **Tag Day Fundraiser** is required for all registrants in T-Ball and Instructional Divisions Only.

____ **Tag Day Participation**
(Dates TBA)

____ **Buy Out Option**
(Include \$40 each day with reg. fee)

**A 2-hour Field Duty is required for pre-season and post season play by each family.
 (Dates to be announced)**

Families who do not complete all league fundraising and field duties when required CAN be subject to one or more of the following: player suspensions, clinic withdrawal, post-season suspensions, league activity suspensions, etc.

Register by mail: Please complete this form and mail it along with **Birth Certificate** copy (new players only) and the **Early Registration Discount Fee: \$55 per player / \$80 two or more siblings**, and the appropriate Buy Out Fees to. Mail in registrations must be received **by October 31, 2008** to qualify for the discounted fee. Registrations received **after October 31, 2008** are **\$65 per player / \$90 two or more siblings**. Make checks payable to HGSA and mail to address below.

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

QUESTIONS REGARDING REGISTRATION SHOULD BE DIRECTED TO: DAVE SCHWAGER @ 586-3182.

Over ⇨

League Use: Reg. Fee _____ Pizza BO _____ Coupon Card BO _____ Tag BO _____
 Total: _____ Check # _____ Birth Certificate Verified By: _____

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): _____

LEAGUE VOLUNTEERS

Please check off the committees that you wish to be a part of. As an organization, HGSA is only as strong as its membership's involvement. ***All HGSA families are expected to join and actively participate in at least ONE committee.*** If you have any special talents or interests in any of the committees, please bring it to our attention.

2009 HGSA Committees		
<input type="checkbox"/> Buildings & Grounds	<input type="checkbox"/> Field Signs / Sponsors	<input type="checkbox"/> Team Pictures
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Grass Cutting	<input type="checkbox"/> Tournaments
<input type="checkbox"/> Electrical	<input type="checkbox"/> HGSA Scholarship	<input type="checkbox"/> Trophies
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Opening Day Ceremony	<input type="checkbox"/> Website
<input type="checkbox"/> Roofing	<input type="checkbox"/> Pizza Kit Fundraiser	Other areas I/We can help in:
<input type="checkbox"/> Coupon Card Fundraiser	<input type="checkbox"/> Publicity	<input type="checkbox"/>
<input type="checkbox"/> Equipment & Uniforms	<input type="checkbox"/> Registration	<input type="checkbox"/>
<input type="checkbox"/> Fall Ball	<input type="checkbox"/> Tag Day	<input type="checkbox"/>

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