

# Amsterdam Girls Softball Association

## Amsterdam Alley Cats Registration 2018

I \_\_\_\_\_ will play softball for the AGSA Amsterdam Alley Cats for the 2017 Fall Ball and 2018 summer season. **I will make the Alley Cats my priority.** I will attend all games and practices and will only miss for a medical or family emergency. I understand that the schedule will be a Hudson Mohawk District Travel League schedule and that the team may also play tournaments on occasional weekends.

Player Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Age on January 1, 2018 \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age bracket: 10U \_\_\_ 12U \_\_\_ 14U \_\_\_ 16U \_\_\_ 18U \_\_\_

Parents Names: Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Uniform size: (Women's) Top: YS YM YL AS AM AL AXL AXXL

Bottom: YS YM YL AS AM AL AXL AXXL

Jersey Number: 1st choice \_\_\_\_\_ 2nd choice \_\_\_\_\_ 3rd choice \_\_\_\_\_

A \$100.00 non-refundable deposit is required with this contract by 08/17/17 and the remaining balance of \$ 50.00 due by 03/15/18  
If a Travel Uniform is required add an additional \$50.00 to: AGSA - P.O. Box 374, Amsterdam, NY 12010.

I understand there is no minimum playing time requirement. I understand that I will be required to participate in fundraising. I understand that the player's parents will be responsible for working, the concession stand during home games.

I am interested in helping as a coach or team parent: \_\_\_\_\_ Yes \_\_\_\_\_ No

I consent to the above named player participating on the Amsterdam Alley Cats Travel Team. I recognize that there are certain risks and hazards incidental to the game of softball that may at times result in injury. I permit the league, its officers or representatives, to provide medical treatment to the above named player in the event of emergency or injury. In the event of an emergency, I further consent to any treatment or tests deemed necessary by medical staff on duty. The league carries secondary medical coverage with a \$250.00 deductible per occurrence, which is the responsibility of the parent/player.

Parent/guardian signature of consent: \_\_\_\_\_

Date: \_\_\_\_\_