

Amsterdam Girls Softball Association

Amsterdam Alley Cats Registration Fall 2017

I _____ will play softball for AGSA for the 2017 Fall Ball 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___ 17U___

Parents Names: Mom: _____ Dad: _____

Emergency contact: _____

Relationship _____ Contact Phone: _____

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

Jersey Number: 1st choice _____ 2nd choice _____ 3rd choice _____

A \$50.00 non-refundable deposit is required with this contract by 08/17/17.

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: _____