



NORTH TORRANCE GIRLS SOFTBALL LEAGUE
Player Registration Form

REFUND POLICY:
Prior to Tryouts 100%
After Tryouts 50%
No refunds after opening day!

League registration is open to all players ages 5-14: there is no residence requirements.
*****BIRTH CERTIFICATES ARE REQUIRED FOR ALL PLAYERS*****

PLAYER INFORMATION

Last Name	First Name	Date of Birth	Age as of Dec 31 '09
Address			
City, State Zip			Phone #
Shirt Size: YS YM YL AS AM AL AXL			
School	Years Experience:	Sisters name if to be on same team:	

Parent Information

Mother/Guardian's Name

Contact number(cell)	Email Address:
Employer/Occupation	Work Phone#

Father/Guardian's Name

Contact number(cell)	Email Address:
Employer/Occupation	Work Phone#

I would like to volunteer for:

Manager/Coach
 Scorekeeper
 Team Parent
 (attach application)

MEDICAL INFORMATION:

Is the player covered by insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Insurance carrier:
Does the player have any disabilities, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, describe:	
Date of last tetanus shot:	Family Doctor/Phone#:

WAIVER OF LIABILITY AND DISCLAIMER

To induce the North Torrance Girls Softball League (NTGSL) to accept registration and permit participation in NTGSL by the named individual, I the parent/guardian of said individual, hereby give my consent and agree to release, indemnify and hold harmless NTGSL, its officials, coaches and representatives, from any claim arising out of injury to the named individual. I also hold harmless NTGSL, its officials, coaches and representatives from any claim arising out of injuries or conditions caused or aggravated by my refusal to obtain available medical treatment based on religious or philosophical beliefs or otherwise.

ACKNOWLEDGEMENT AND CONSENT

For both internal and external use, I acknowledge that NTGSL may compile address and mailing labels and may utilize softball photographs of the names individual. I consent to such uses and hereby waive all rights to compensation.

EMERGENCY AUTHORIZATION:

I, the undersigned parent or legal guardian of the participant, a minor, hereby authorize the coaches, assistant coaches, or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as my Agents, to consent to medical, surgical or dental examination and/or treatment in case of emergency. I hereby authorize treatment and/or care at any hospital. If there is an emergency and I can't be reached, please contact the person named below, who is hereby authorized to act on my behalf.

EMERGENCY CONTACT:

Name	Phone #
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I understand the rules and that the registration fees are based on full participation in NTGSL fundraisers and working in the snack bar a minimum of 3 shifts per player. The Buyout option has been explained to me.

Signature of Parent or Guardian

NTGSL use only	Registration \$	<input type="checkbox"/> Birth Certificate Verification
<input type="checkbox"/> CASH	Fundraiser \$	<input type="checkbox"/> Code 3
<input type="checkbox"/> Check #	Snack Bar \$	
	Evaluation \$	
	2nd Child \$	
	3rd Child \$	

TOTAL \$

Board Member Signature