

South Plains Girls Fastpitch Softball League 2010

PO Box 1500
Lubbock, TX 79408
Annual Registration Form
PLEASE PRINT

Amount applied this
player:

\$

League Use Only

Check # _____

Check \$ _____

Cash _____

(Player's First Name) (Last Name)

Address _____ Zip _____ Home Phone _____

Birthday ____/____/____ Age as of January 1, 2010 _____

Division (circle one) Pixie (6/under) Machine Pitch (8/under) 10/under 12/under 14/under

Name of School _____ Grade _____ Shirt Size (circle one) YS YM YL AS AM AL AXL

Father _____ Home Phone _____ Work Phone _____

Mother _____ Home Phone _____ Work Phone _____

Email Address: _____

Person other than parents to contact in case of emergency:

Name _____ Relationship _____ Phone _____

Please indicate any physical limitations (allergies, hearing, sight, etc.) _____

Would you be interested in being a _____ Coach, _____ Asst. Coach, _____ Manager, _____ Chaperone

I/We, the parents / legal guardians of the above named candidate for a position on a South Plains Girls Fast Pitch Softball team, hereby give my/our approval to participate in any and all League activities, including transportation to and from the activities.

I/We know that participation in 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 South Plains Girls Fast Pitch Softball, American Softball Association, the organizers, sponsors, supervisors, 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 results of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

I/We agree to return upon request any equipment issued to my/our child in as good conditions as when received except for normal wear and tear.

I/We certify that the age information on the above named candidate is correct, and will furnish a copy of a certified birth certificate of the above named candidate to League Officials.

As the parents/legal guardians of (*players name*) _____, I/We certify that the above address is my legal residence and can be verified by proof of utility bill. Knowingly submitting false or incomplete information could be grounds for immediate removal of the player from the program and forfeiture of all fees paid.

Spring 2009 Team Name _____ Spring 2010 Team Name (if different) _____

Player elects to enter the draft _____

If changing *active teams, player must attach: _____ Player Release Form or _____ Transfer Form

• *An active team is one that is still playing in the players age division*

Parent or Guardian Signature _____ Date: _____

Must be signed by a parent or guardian if participant is under 18 years of age.

League use only

Birth Certificate Yes ___ No ___ On File ___ League volunteer signature _____

SI _____ TI _____