

Edgewood Girls Softball Travel League Registration Form

Player Name _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

Borough/Township of Residence (where you pay taxes) _____

Association where you played last year _____

Parent/Guardian Name(s) _____

Phone(H) _____ (W) _____ (Cell) _____

Parent's email address _____

Shirt size Youth small _____ Youth medium _____ Youth large _____

Adult small _____ Adult medium _____ Adult large _____ Adult XL _____

Shorts' size Youth small _____ Youth medium _____ Youth large _____

Adult small _____ Adult medium _____ Adult large _____ Adult XL _____

Hat size S/M _____ M/L _____ L/XL _____

<input type="checkbox"/> Girls Travel	<u>Season</u> April-June	<u>Age</u> 12-16	<u>Birthdates</u> 5/1/1998 - 4/30/1994	<u>Price</u> \$55
---------------------------------------	-----------------------------	---------------------	-------------------------------------------	----------------------

REGISTRATION DEADLINE: April 5, 2010

MEDICAL INFORMATION

Doctor _____ Phone _____ Ins. Co. _____
Address _____ Policy No. _____
Does this child have any medical considerations _____

Two alternative emergency contacts (not parents' cell numbers)

Name _____ Relation _____ Phone _____
Name _____ Relation _____ Phone _____

I/We the parent/guardians of the above named player, hereby give my/our permission to participate in any and all softball activities, including transportation to and from the activities. I/we further certify that the player is of the age represented on this form, and has health/accident insurance as indicated on this form. MEDICAL: I, the undersigned, as parent/guardian of the above-mentioned applicant do hereby give my permission and approval to the applicant's participation in all the Edgewood Softball activities during the Spring 2010 season. I further agree to assume all risks and hazards incidental to such participation, and I do hereby waive, release, and absolve the organizers, board members, helping parents, sponsors, supervisors, umpire, coaches and participants from any claim arising out of injury to the applicant, my daughter or ward.

Parent/Guardian (Print) Parent/Guardian Signature Date

Edgewood Softball does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender or religious preference.

I/We the parents/guardian of the above named candidate for a position on an Edgewood team hereby give my/our approval to participate in any and all league activities. I/We assume all risk and hazards incidental to such participation, including transportation to and from the activities. I/We do hereby waive, release, absolve indemnify and agree to hold harmless Edgewood, the chartering organization, the organizers, sponsors, participants and persons transporting my/our child to and from activities for any claim arising from an injury to my/our child. Whether the result of negligence or from any other cause, except to the extent that the amount covered by accident and liability insurance. I/We understand that the insurance carried by the league covers only the amount that is not paid by my/our carrier. I/We agree to return upon request the uniform and other equipment issued to my/our child in good condition as when issued except for normal wear and tear.

Parent/Guardian Signature _____ Date _____

FOR OFFICIAL USE ONLY:

Check # _____ Amount _____ Received by _____