

GRIFFITH GIRLS SOFTBALL SPRING 2018 REGISTRATION FORM

PLAYER LAST NAME	PLAYERS FIRST NAME	BIRTHDATE	AGE AS OF 1/1/18
STREET ADDRESS			
CITY	STATE	ZIP CODE	PRIMARY & SECONDARY PHONE NUMBER () - () -
EMAIL ADDRESS		PARTENT/ GUARDIAN(S) FIRST & LAST NAME	
GRADE NEXT FALL (2018)	SCHOOL ATTENDING NEXT FALL	DID THIS PLAYER REGISTER FOR GGS IN 2017 <input type="checkbox"/> YES <input type="checkbox"/> NO	

LEAGUE DIVISIONS

	T-BALL	AGE 4 - 6
	8 & UNDER	AGE 7 - 8
	10 & UNDER	AGE 9 - 10
	12 & UNDER	AGE 11 - 12
	14 & UNDER	AGE 13 - 14
	18 & UNDER	AGE 15 - 18

*GIRLS WILL COMPETE IN THE CROSSROADS LEAGUE, WHICH REQUIRES TRAVEL TO OTHER NORTHWEST INDIANA TOWNS FOR REGULAR SEASON GAMES. BY REGISTERING YOUR DAUGHTER IN THIS LEAGUE, YOU ACKNOWLEDGE THAT THERE WILL BE GAMES THAT REQUIRE LOCAL TRAVEL.

<p>WAS THIS GIRL A REGULAR PITCHER DURING THE 2017 SEASON, OR DID SHE RECEIVE INSTRUCTION?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>WAS THIS GIRL A REGULAR CATHCHER DURING THE 2017 SEASON, OR DID SHE RECEIVE INSTRUCTION?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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PLAYER SHIRT SIZE (CIRCLE) YS YM YL AS AM AL AXL PLAYER SHORT SIZE (CIRCLE) YS YM YL AS AM AL AXL PREFERRED JERSEY # (NUMBERS NOT GUARANTEED) 1ST CHOICE_____ 2NDCHOICE_____

MANAGERS & COACHES

PLEASE CONSIDER BEING A TEAM MANAGER. MANAGERS MUST BE AT LEAST 21, BE A RESIDENT OF GRIFFITH OR HAVE A CHILD IN THE PROGRAM. TO BE CONSIDERED FOR A MANAGER/ COACH POSITION, PLEASE INDICATE BELOW AND FILL OUT THE SEPARTE MANAGER/ COACH APPLICATION FORM.

VOLUNTEER WISHES TO: (CIRCLE) MANAGE COACH DIVISION:	
NAME OF VOLUNTEER:	PHONE NUMBER:

LIABILITY/ WAIVER FORM:

BY SIGNING BELOW, I HEARY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE GRIFFITH GIRLS SOFTBALL, IT'S OWNERS, OFFICERS, COACHES, UMPIRES, REPRESENTATIVES, TOURNAMEMT DIRECTORS, EMPLOYEES, OPERATORS, PROMOTERS, OFFICIALS, SPONSORS, ADVERTISERS, OTHER SPORTS PARTICIPANTS, AND ANY OTHER PERSON IN OR UPON A PLAYING FIELD OR SPECTATOR AREA AT GRIFFITH PARKS DEPARTMENT FIELDS OR AFFILIATED FIELDS/ AWAY GAME FIELDS (ALL OF WHOM FOR THE PURPOSES HEREIN ARE REFERRED TO AS "THE RELEASEES"). IN ADDITION, I RELEASE THE RELEASEE FROM ALL LIABILITY TO ME, MY PERSONAL REPRESENTATIVES, FAMILY, ASSIGNS, HEIRS, AND NEXT OF KIN FOR ANY AND ALL DAMAGES, AND ANY CLAIM THEROF, BASED UPON PARTICIPATING IN, VIEWING, OR ATTENDING ANY EVENTS AT GRIFFITH GIRLS SOFTBALL.

I ALSO AGREE TO IDENTIFY AND SAVE AND HOLD HARMLESS THE RELEASEES FOR ANY LOSS, LIABILITY, DAMAGE, OR COST THEY OR I MAY INCUR DUE TO THEIR OR MY NEGILGENCE OR AS THE RESULT OF ANY OTHER ACTION BY THEM OR I IN, AROUND, OR UPON THE PLAYING AREAS AND/ OR WHILE THEY AND/ OR I AM COMPETING, PARTICIPATING IN, OFFICIATING IN, OBSERVING IN, WORKING FOR OR IN ANY OTHER WAY ASSOCIATED WITH AN EVENT AT GRIFFITH GIRLS SOFTBALL. I ALSO ASSUME FULL RESPONSIBILITY FOR, AND RISKS OF, BODILY INJURY, DEATH, OR PROPERTY DAMAGE DUE TO THE NEGLIGENCE OF THE RELEASEE WHILE I AM COMPETING, PATICIPATING IN, OFFICIATING/ UMPIRING IN, OBSERVING, WORKING FOR, OR IN ANY OTHER WAY ASSOCIATED WITH AN EVENT AT GRIFFITH GIRLS SOFTBALL, SPONSORED BY GRIFFITH GIRLS SOFTBALL, OR CONTRACTED BY GRIFFITH GIRLS SOFTBALL. I EXPRESSLY ACKNOWLEDGE AND AGREE THAT THE ACTIVITIES AT A SPORTS EVENT, IN AND AROUND THE SPORTS PLAYING AREAS, ARE DANGEROUS AND INVOLVE A HIGH RISK OF SERIOUS INJURY AND/ OR DEATH AND/ OR PROPERTY DAMAGE. I FURTHER EXPRESSLY AGREE THAT THIS RELEASE WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT IS INTENDED TO BE USED AS BROAD AND INCLUSIVE AS IN PERMITTED BY THE LAWS OF THE STATE OF INDIANA AND THAT IF ANY PORTION THERE OF IS HELD INVALID, I AGREE THAT THE BALANCE OF THIS DOCUMENT SHALL, NOTWITHSTANDING, CONTINUE IN FULL LEGAL FORCE AND EFFORT. I EXPRESSLY CONSENT TO, AND WILL PERMIT, EMERGENCY MEDICAL TREATMENT IF REQUIRED IN THE SOLE JUDGEMENT OF AN EM TECHNITION, AND I ALSO GIVE PERMISSION TO GRIFFITH GIRLS SOFTBALL TO USE MY NAME AND OR PHOTOGRAPH FOR PROMOTION OR ADVERTISING PURPOSES.

PARENT/ GUARDIAN SIGNATURE	DATE

BOARD MEMBER USE ONLY – DO NOT FILL IN BELOW

	PLAYER	SISTER (1ST)	SISTER (2ND)
REGISTRATION FEE			
CONCESSION STAND FEE			
RAFFLE TICKET FUNDRASIER			
REFER A PLAYER DISCOUNT			
TOTAL AMOUNT DUE			

PAYMENT METHOD: (CIRCLE) CASH CHECK MONEY ORDER CREDIT CARD
BIRTH CERTIFICATE PROVIDED? (CIRCLE) YES NO ALREADY ON FILE
RAFFLE TICKET NUMBERS ISSUED: # _____ - # _____