

Please indicate if
you would prefer
to head coach or
assistant coach.

ALL AMERICAN GIRLS SOFTBALL ASSOCIATION
P.O. Box 415
Hazleton, PA 18201
www.allamericangirlssoftball.net
REGISTRATION FORM

Please note that
division lines are
subject to change
based on
registration.

Season 2017

can you help coach? _____ can you help with the concessions /field maintenance? _____

Player's name _____

Address _____

Home phone _____ cell phone _____

Email _____ preferred contact method _____

Date of birth _____ age on December 31st, 2016 _____

Previous experience? _____ how many years? _____

Shirt Size: Youth S M L Adult S M L XL Short Size: Youth S M L Adult S M L XL

Please list any family members signing up: _____

Any planned vacation dates (for game scheduling purposes): _____

Parental Consent

I hereby give my permission to allow my child to participate in the All American Girls Softball Association (a nonprofit organization). I hereby absolve and release said association from any and all claims arising out of injury to my child. Furthermore, I assume full responsibility for the care, and maintenance and return of any and all equipment and uniforms of the association issued to my child. If a uniform and/or equipment are not returned or are lost, I understand I will be responsible for the cost of replacement. I also give the association permission to obtain, possess, and use any photographs of my child for league promotion.

Note: After parents'/guardians' primary insurance payments are made, parents/ guardians are responsible for any deductible of any injury before association insurance payments are made.

Parent/Guardian Signature _____ Date _____

Emergency Contact Information

Please list all illnesses or allergies _____

I hereby appoint a designee as agent and representative for the purpose of authorizing and consenting to medical care and treatment and/or emergency medical care and treatment of my child for any illness or injury that may occur while she is in custody of the designee during this registration season in the event that a **parent/guardian is not immediately available** to give such consent. Please note: if your child is hurt and you are not present and you DO NOT list the coach as the designee, the coach CANNOT get your child medical care until you are contacted.

Parent/Guardian Signature _____ Date _____

Designee _____

Address _____ Phone _____

Child's Doctor _____ Phone _____

Alternate Emergency Contact _____ Phone _____