

PLEASANTON GIRL'S SOFTBALL LEAGUE
2003 PLAYER REGISTRATION
P.O. Box 911 – Pleasanton, Ca. 94566

Child's Name: _____ **Birth Date:** _____ **Phone:** _____

Parents' Name: _____
Mother (First and Last) Father (First and Last)

Address: _____ **E-Mail:** _____
Street City Zip

Attends School At: _____ **Grade for 2002/2003** _____

Softball Experience: This is a New Player? _____ (or) Played for _____ Years
Is this player interested in playing "Uppers" this season? _____ (see note)

Note: All Players wishing to play in an "Upper" Division must try out. (Tryouts will be held in Oct 2002)

Divisions for 2002/2003:

"T-Ball" – Grades K & 1* "Mini" or "Mini-Upper" – Grades 3 & 4 "Senior" – Grades 9 - 12
"Micro" – Grades 1* & 2 "Minor" or "Minor-Upper" – Grades 5 & 6 "Winter-Ball" – Grades 9 – 12 (advanced)
"Major" or "Major-Upper" – Grades 7 & 8

* **Note:** 1st Graders can play in either T-ball or Micro division depending on experience.

Emergency Contact: _____ **Phone:** _____
(Other than parent)

Family Doctor: _____ **Phone:** _____

Family Dentist: _____ **Phone:** _____

Physical Impairment (Sight, Hearing, Allergies, etc) ? _____

I DO HEREBY GIVE MY CONSENT FOR THE ABOVE NAMED GIRL TO PARTICIPATE IN THE PLEASANTON GIRL'S SOFTBALL LEAGUE DURING THE CURRENT SEASON AND POST TOURNAMENT PLAY. I ASSUME ALL RISKS AND HAZARDS THAT ARE INCIDENTAL TO THE CONDUCT OF ACTIVITIES. I FURTHER AGREE TO RELEASE, ABSOLVE, INDEMNIFY AND HOLD HARMLESS THIS ASSOCIATION AND THE CITY OF PLEASANTON OF ALL LEGAL RESPONSIBILITIES. IN CASE OF ACCIDENT WHEN A PARENT OR GUARDIAN CANNOT BE REACHED, I HEREBY AUTHORIZE EMERGENCY TREATMENT BY ANY QUALIFIED PHYSICIAN OR DENTIST FOR MY CHILD HEREON IDENTIFIED. PGSL IS NOT RESPONSIBLE FOR MISDIRECTED OR LOST MAIL.

ALL PARENTS ARE REQUIRED TO WORK IN THE SNACK BAR DURING THE COURSE OF THE SEASON.

PARENT / GUARDIAN SIGNATURE: _____ **DATE:** _____

REGISTRATION COST:

➔ **REGULAR SPRING SEASON: 1 Girl = \$80** _____ **2 Girls = \$135** _____ **Max per Family = \$180** _____

➔ **WINTER BALL = \$25 PER PLAYER** _____ (High School only – Experienced Players Only)

Registration Closes Nov. 15. Applications received after that date may be placed on a waiting list.

Interested in: Coach _____ Ass't Coach _____ Umpire (Minimum age is 13) _____

MY EMPLOYER WOULD LIKE TO SPONSOR A TEAM THIS YEAR _____