Graphical user interface

Description automatically generatedA group of green and white balls

Description automatically generated with medium confidence

2023 Fall Softball Registration Form

**Team Assigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed Code of Conducts Received**

**Registration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Discounts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cash \_\_\_\_\_\_\_\_\_\_**

**Check # \_\_\_\_\_\_\_\_\_\_\_\_**

**CC/Venmo \_\_\_\_\_\_\_\_\_\_\_\_**

**FOR OFFICE/LEAGUE USE ONLY**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature Parent Name (Legal Guardian)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Parent Name (Legal Guardian)**

**SILVER CITY GIRLS SOFTBALL WAIVER/PUBLICATION AUTHORIZATION**

I/We, the parents of the above-named player permission to participate in the Sliver city Girls Softball with the understanding that neither Sliver City Girls Softball, the team sponsor nor the City of play or any other venue used to host games will be held responsible for any injuries that may occur while participating in SCGS activities. I/We agree that above-named player may be required to get evaluated to be placed on a team. If such does not attend at least 50 percent of the evaluation, Board of Director’s approval is required for such candidate to be placed on a team. I/We understand if my child requires medical treatment or medication while participating in, I give my permission for Silver City Girls Softball/EMS to provide the appropriate treatment. I/We give permission for Silver City Girls Softball to take and use pictures of the S.C.G.S. website and/or any other publications for or by Silver City Girls Softball. **I have received, read, and agree to the League Rules, and guidelines set forth in the “Parent Code of Conduct”, “Parent & Player Code of Conduct”. I further understand that once my child is placed on a team, no refunds will be issued.**

**MEDICAL**

**Medical/Physical Limitations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Insurance Name of Plan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Information**

Father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer for (circle all that apply) Manager Coach Field Duty Concession Stand

Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer for (circle all that apply) Manager Coach Field Duty Concession Stand

**SHIRT SIZE** *Shirts are ordered based on the size you specify. Charges may apply if a replacement shirt needs to be ordered for size change.*

**(Please circle one) Y-S Y-M Y-L A-S A-M A-L A-XL**

**Player Information**

Child’s Name (First, Middle, Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code \_\_\_\_\_\_\_\_\_

School Attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a returning player to S.C.G.S.? Y / N If No, has your child played before & where \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a sibling playing in this league Y / N Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_

Silver City Girls Softball Registration