

COVENTRY GIRLS SOFTBALL LEAGUE

PLAYER REGISTRATION FORM – 2016 SEASON

*****SELECT Division and Age Bracket*****

| Slow Pitch | Fast Pitch |
|---|--|
| <input type="radio"/> Instructional Division Ages 4-6 \$ 50.00 Date of Birth 1/1/09 thru 12/31/11 | <input type="radio"/> Junior Division Ages 9-10 \$ 110.00 Date of Birth 1/1/05 thru 12/31/06 |
| <input type="radio"/> Instructional Division Ages 7-8 \$ 90.00 Date of Birth 1/1/07 thru 12/31/08 | <input type="radio"/> Junior Division Ages 11-12 \$ 110.00 Date of Birth 1/1/03 thru 12/31/04 |
| <input type="radio"/> Junior Division Ages 9-12 \$ 90.00 Date of Birth 1/1/03 thru 12/31/06 | <input type="radio"/> Sr. Division Ages 13-Senior in HS \$ 110.00 Date of Birth 1/1/02 – enrolled in high school |
| <input type="radio"/> Sr. Division Ages 13-Senior in HS \$ 90.00 Date of Birth 1/1/02 – enrolled in high school | |

UNIFORM INFORMATION (Circle)

Shirt: YS, YM, YL, AS, AM, AL, AXL

Pant size: YS, YM, YL, AS, AM, AL, AXL

TEAM PLAYED ON LAST YEAR _____

Shirt Number choice 1st _____ 2nd _____ 3rd _____

PLAYER: DATE OF BIRTH _____

Age as of December 31, 2015 _____

LAST NAME _____ FIRST NAME _____ MI _____

STREET _____ CITY _____

PHONE (H) _____ (W) _____ (C) _____

EMAIL _____

FATHER/GUARDIAN: RELATIONSHIP _____

LAST NAME _____ FIRST NAME _____ MI _____

STREET _____ CITY _____

PHONE (H) _____ (W) _____ (C) _____

EMAIL _____

INTERESTED IN HELPING WITH: _____ TEAM _____ MANAGER _____ COACH _____ OTHER _____

MOTHER/GUARDIAN: RELATIONSHIP _____

LAST NAME _____ FIRST NAME _____ MI _____

STREET _____ CITY _____

PHONE (H) _____ (W) _____ (C) _____

EMAIL _____

INTERESTED IN HELPING WITH: _____ TEAM _____ MANAGER _____ COACH _____ OTHER _____

EMERGENCY CONTACT INFORMATION

CONTACT NAME _____

PHONE (H) _____ (C) _____ RELATIONSHIP _____

DOCTOR _____

PHONE (O) _____ Hospital: _____

DENTIST _____

PHONE: (O) _____

PRIMARY FAMILY INSURANCE CO.: _____ POLICY # _____

Is this player planning to participate in another spring sports program: Yes _____ No _____

*******(READ AND SIGN THE BACK OF THIS FORM)*******

IMPORTANT: GENERAL MEMBERSHIP MEETINGS ARE HELD THE THIRD (3RD) MONDAY OF EACH MONTH. PLEASE JOIN US! REMINDERS WILL BE SENT VIA EMAIL VISIT OUR WEBSITE AT WWW.COVENTRYSOFTBALL.COM FOR UPDATED INFORMATION AND NEWS.

Parent / Guardian Agreement

I parent / legal guardian of the child whose name appears on this registration form, and who is a player for Coventry Girls Softball, hereby give my approval for my child to participate in any and all Coventry Girls Softball activities. I assume all risk and activities; and I hereby waive, release, absolve, indemnify and agree to hold harmless the Coventry Girls Softball League, the organizers, managers, coaches, participants and persons transporting my child to and from activities, for any claim arising out of an injury to my child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

I understand that by registering my child to play Coventry Girls Softball, I have the responsibility to support the League financially and by volunteering my time whenever possible.

I understand that those managing and coaching my child are volunteers who are making every effort to perform their duties to the best of their abilities. I pledge that I will encourage their efforts and those of the players by refraining from unsportsmanlike conduct and sideline managing. I realize my child and her teammates are children and need encouragement, not criticism.

I recognize that softball is a team sport. As such, I pledge that my child will attend all practices and games unless given an excused absence by the team manager. I understand that the League has a player discipline policy, which includes suspension from games, which may be instituted for unexcused absences from practices or games.

PHOTOS: The league likes to post photos and articles regarding games, news etc on our website taken throughout the season(s). We ask for permission to use your photo and/or your child's photo(s) for the league website.

Parent or Legal Guardian's Signature _____

Dear Parents,

It is that time of year when we must begin to prepare for the 2016 season. Please review all of the information on this form and update it if necessary. In order to guarantee your child a position on a team,

registrations MUST be received by March 1, 2016

1st time registrations/ new players must provide a copy of the player(s) birth certificate

Registration fees for the 2016 season are as follows:

\$ 55.00 Per child ages 4-6 Instructional Division

**** refer a friend ages 4 & 6 only (registration required) and be placed on the same team!!**

Referred Player name _____

Registration fees for the 2016 season are as follows: (\$35.00 additional player) **(Higher Division + \$35.00 each additional player)**

\$ 95.00 per child or \$130.00 per family (SLOW pitch)

\$115.00 per child or \$150.00 per family (Fast pitch) (Fast Pitch 115.00 & Slow Pitch = 150.00)

Signature _____

Parent/Guardian

Date _____

Parent or Guardian COMMENTS/QUESTIONS/CONCERNS: _____

For League use

Registration Fee Paid \$ _____

Cash

or

Check Number

Received By _____

Date received: _____

Please mail registration and fee to: **Coventry Girls Softball, c/o Lisa Carde 129 Northbridge Avenue, Warwick, RI 02886**