



**POCKET GIRL'S SOFTBALL LEAGUE, INC.  
REGISTRATION FORM 2010 SEASON**

T-Ball
8U
10U
12U
14U
16U

Player Information		
Last Name:		First Name:
Address:		City:
Zip Code:	Phone:	
Date of Birth:	Age on 12/31/09:	School:
Returning Player? Y N	ASA? Y N	Last Team Played On:
If possible, would you like to return to the same team for this next season?		
Registering for <input type="checkbox"/> T-Ball (4½-6) <input type="checkbox"/> 8U (7-8) <input type="checkbox"/> 10U (9-10) <input type="checkbox"/> 12U (11-12) <input type="checkbox"/> 14U (13-14) <input type="checkbox"/> 16U (15-16)		
Years of Softball/Baseball experience:		Years of Pitching Experience:
Interested in Winterball? Y N	Interested In Pitching? Y N	
I will be playing other softball: <input type="checkbox"/> Varsity <input type="checkbox"/> JV <input type="checkbox"/> Freshman <input type="checkbox"/> ASA		
Will player participate in other sports between March 1 & June 14? Please list sport(s) & months involved:		

How did you hear about this League?  Returning  Pocket News  Land Park News  Flyer  Website  Sign  Friend

Parent/Guardian Information			
Mother/Guardian:		Father/Guardian:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Phone:	Cell:	Phone:	Cell:
Email:		Email:	
Birth Certificate?		On file	Turned In
			To Follow

Uniform Sizes				
Shirt:	Adult or Youth	S	M	L XL
Shorts:	Adult or Youth	S	M	L XL
Preferred Shirt #:	_____	2nd Choice #:	_____	

Are you interested in sponsoring Pocket Girls Softball?
Sponsor Name:
Contact Person:
Phone:

**CONSENT RELEASE**

I do hereby give my consent for the above named girl to participate in Pocket Girls Softball League, Inc. activities. I further agree to release, absolve, indemnify and hold harmless the Pocket Girl's Softball League, Inc., their sponsors, organizers and supervisors of all legal responsibilities. I understand that the Pocket Girls Softball League, Inc. will have excess medical/accident insurance covering all rostered players, managers, and coaches during all league activities. ***I may purchase Zero deductible coverage for my daughter(s) for an additional \$11 each, otherwise the deductible is \$250.*** *Pls initial \_\_\_\_\_*

Further, I understand that photographs may be taken of my daughter which may be published in the Annual Yearbook, on the Pocket Girls Softball website, in local newspapers, or other publications for publicity purposes.

In the event of an accident or emergency when I am not available, I hereby authorize a league representative to make such arrangements as he/she deems necessary for the above named girl to receive emergency medical care including necessary transportation. Under such circumstances, I further authorize either the physician named below or a licensed physician or surgeon to undertake such care and treatment.

PARENT SIGNATURE: \_\_\_\_\_

**FOR LEAGUE USE ONLY**

Registration Fees			
16U, 14U, 12U, 10U, 8U	Cash	or	Check #
One Child	\$125	_____	_____
Additional Child	\$75	_____	_____
Majors playing H.S. & T-Ball:	\$75	_____	_____
Each Child	\$75	_____	_____
Late Fee	\$10	_____	_____
All Stars	_____	_____	_____
Winterball	_____	_____	_____
Volunteer Fee Dep./Don.	\$75	_____	_____
Zero-deductible coverage	\$11	_____	_____
Total paid	\$	_____	_____

Physician Name:	_____
Address:	_____
Phone:	_____
Insurance Company:	_____
Medical Number:	_____

Registered By \_\_\_\_\_  
Date: \_\_\_\_\_