



2016 Player Registration Form

Players last name	Players First Name	Date of Birth	Gender	League Age
Address		Apt/Bldg #	City	Zipcode

Parent/Guardian #1	Email Address	Phone#
Parent/Guardian #2	Email Address	Phone #
Emergency Contact	Emergency Contact #	

3 Favorite Jersey #'s _____ _____ _____	Shirt Size _____	Pant Size _____
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PLEASE READ ALL TERMS AND SIGN

(1.) I/We, the parents/guardians of the above named candidate for a position on a North Garland Sports Association team, hereby give my/our approval to participate in any and all League activities, including transportation to and from the activities.

(2.) I/We know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the local league, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

(3.) I/We agree that our child is required to attend at least one of the two tryout sessions.

(4.) I/We will furnish a certified birth certificate for the above child to League Officials.

(5.) All players will play in the appropriate age division.

(6.) IN ADDITION TO THE PAID REGISTRATION FEE PER PLAYER, EACH PLAYER WILL BE REQUIRED TO PARTICIPATE IN THE LEAGUE FUNDRAISER WHICH CONSISTS OF SELLING 50 -\$2 RAFFLE TICKETS. (4 Year old players will also be required to participate in the league fundraiser which consists of selling 25 - \$2 raffle tickets.)

Signature _____	Date _____
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Notes:

<p>*****league Use only *****</p> <p>\$_____ paid by CASH / CHECK / CREDIT CARD</p> <p>RECEIPT # / CHECK # _____</p>
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