

Garland Girls Softball Association

Player Registration Form – Spring Season 2010

Please Print

Name _____
Last First Middle

Date of Birth _____ / _____ / _____ Age _____
Mo Day Year

School Attending _____ Grade _____ Preferred position _____

Team Played on Last Year _____ Coach _____

Emergency Contact _____ Phone _____

Parent/Guardian _____

Address _____ Home Phone _____

City, Zip _____ Occupation _____
Mother Father

Parent's E-mail _____
Mother Father

Player's Pledge: I promise to observe the established rules, the rules of sportsmanship and fair play and to do nothing willingly that would discredit my coaches, the Garland Girls Softball Association, it's members, officers and players participants or parents.

Player Applicant _____
Signature

I, the undersigned parent/guardian of the above named applicant, do hereby consent to her participating in the Garland Girls Softball Association, during the current season. I further agree to release the Garland Girls Softball Association it's officers, coaches and members, the City of Garland, Texas, it's employees and members of the Garland City Council, and any or all team sponsors, from liabilities due to injuries incurred by said applicant during the current season. I agree to abide by all rules and regulations adopted by the Association, during the season. I further understand that team photos and/or action shots of my child may be used by the league for promotional purposes.

Spring Season

- _____ \$25.00 Registration Fee Blast Ball League (Ages 3 and 4 years old) *deadline for registration March 14, 2010*
- _____ \$40.00 Registration Fee T-Ball League (begins at 4 years old) *deadline for registration March 14, 2010*
- _____ \$75.00 Registration Fee for 7U through 14U *deadline for registration March 14, 2010*
- _____ \$50.00 Registration Fee for 16U and 18U *deadline for registration May 16, 2010*
- \$10.00 Discount for each additional girl registered from the same family.

* VISA, MASTERCARD and AMERICAN EXPRESS will be accepted with a \$2.00 handling fee.

9 Visa 9 M/C 9 A/X _____ exp date _____

** There will be a \$20.00 charge for returned checks.

Parent/Guardian _____ Date _____ / _____ / _____
Mo. Day Year

9 Volunteer _____

9 Coach _____

9 Assistant Coach _____

Return this entire page, along with registration fee and a copy of birth certificate to:

Garland Girls Softball Association

PO Box 460843, Garland, Texas 75046

FAX (413) 294-6156

Do not turn in at your school.