

**PLAYER INFORMATION**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MID INT \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

DOB \_\_\_\_\_ AGE \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

UNIFORM SHIRT SIZE: Youth: S M L XL **Sisters playing in WGS will be on same team if in same age division.**

Adult: S M L XL **Sister's name/age:** \_\_\_\_\_

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**PLAYER EXPERIENCE:**

1. How many years has the player played? 0 1 2 3 4 5 6 7 8 Last team/league played on: \_\_\_\_\_

2. Has player ever been selected as an "Allstar" in an organized fastpitch league? Yes No

3. Has player ever been a member of a traveling/competitive softball team? Yes No

4. Has player ever pitched in an organized fastpitch softball league? Yes No Age Division: \_\_\_\_\_

5. Has player ever played the position of catcher (a majority of their time)? Yes No Age Division: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

FATHER'S NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**PARENT/GUARDIAN PLEASE VOLUNTEER FOR AT LEAST ONE!**

HEAD COACH \_\_\_\_\_ ASSIST. COACH \_\_\_\_\_ TEAM PARENT \_\_\_\_\_ FIELD PREP \_\_\_\_\_

PANCAKE BREAKFAST \_\_\_\_\_ UMPIRE \_\_\_\_\_ SCOREKEEPING \_\_\_\_\_ BOARD MEMBER \_\_\_\_\_

TEAM SPONSOR: \_\_\_\_\_ BUSINESS CARD AD \_\_\_\_\_ Contact - \_\_\_\_\_

**PARENT/GUARDIAN CONSENT**

I the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of Windsor Girls Softball, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with softball and in consideration for Windsor Girls Softball accepting the registrant for its softball programs and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify Windsor Girls Softball, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields, and facilities used for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

PARENT /GUARDIAN NAME (print): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Sweatshirts: \$ \_\_\_\_\_ Registration: \$ \_\_\_\_\_ Team Sponsor: \$ \_\_\_\_\_ Business Card : \$ \_\_\_\_\_

CASH \_\_\_\_\_ CHECK # \_\_\_\_\_ **TOTAL PAID:** \_\_\_\_\_

**NO REFUNDS AFTER MARCH 1<sup>ST</sup>**

SPECIAL NEEDS: \_\_\_\_\_