

CERRITOS GIRLS SOFTBALL ASSOCIATION PLAYER REGISTRATION FORM FALL 2017

LEAGUE USE ONLY

Reg. #

Age Div. 8U 10U
 12U 14U

CGSA, P.O. Box. 4074 Cerritos, CA, 90703 - www.cerritogirlssoftball.com

PLAYER NAME (Last, First, Middle-as listed on birth certificate)	PHONE:	DOB Verified by:
--	--------	------------------

DATE OF BIRTH:	SCHOOL:	GRADE:	PREVIOUS EXPERIENCE?	PREVIOUSLY PLAYED WHERE?
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

RETURNING ALL-STAR PLAYER ?	HAVE YOU EVER PITCHED?	HAVE YOU BEEN A CATCHER?	REFUND POLICY: PRIOR TO ASSESSMENTS: 100% AFTER 0%
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

PLAYERS ADDRESS (Street, Address, City, Zip)

PARENT/GUARDIAN CONTACT # 1 (List address below if different then above)	EMAIL ADDRESS:
	CELL # HOME PHONE#

PARENT/GUARDIAN CONTACT # 2 (List address below if different then above)	EMAIL ADDRESS:
	CELL # HOME PHONE#

PLAYER FEES: (8U - 12U) RESIDENT \$135 NON-RESIDENT \$145 (14U) RESIDENT \$160 NON-RESIDENT \$170

AMOUNT PAID:	CHECK #:	CASH <input type="checkbox"/>	PLAYERS MAY NOT PARTICIPATE IN ANY OTHER SOFTBALL/BASEBALL ORGANIZATION WHILE PLAYING FOR CGSA WITHOUT PRIOR APPROVAL FROM THE CGSA BOARD OF DIRECTORS
\$			

MEDICAL INFORMATION - PLEASE PRINT

PLAYER NAME:

PARENT/GUARDIAN CONTACT #1:	PHONE:
-----------------------------	--------

PARENT/GUARDIAN CONTACT #2:	PHONE:
-----------------------------	--------

EMERGENCY CONTACT NAME:	PHONE:
-------------------------	--------

PHYSICIAN AND/OR MEDICAL FACILITY:

INSURANCE CO:	POLICY#:
---------------	----------

DOES PLAYER HAVE ANY PHYSICAL IMPAIRMENTS WE SHOULD BE AWARE OF? NO YES, IF YES PLEASE DESCRIBE:

DOES THE PLAYER HAVE ANY KNOWN ALLERGIES, TAKE ANY SPECIAL MEDICATIONS? PLEASE LIST:

MEDICAL RELEASE: I/we, the parent(s) or legal guardian of the above named player do hereby grant permission to the manager, coach, or adult listed above to obtain medical care from any licensed physician, hospital or medical clinic at such time as either parent, legal guardian cannot be contacted in person or by phone.

PARENTAL CONSENT: I/we the parent(s) or legal guardian of the above named player do hereby give my approval for her participation in CGSA in effect for the current season, and will return any equipment issued to the player in as good condition as when issued except for normal wear and tear, or I will pay the cash equivalent. I will not at any time remove the player from a playing or practice field without the prior knowledge of a team or league official.

RELEASE: I do hereby waive release, absolve, indemnify and agree to hold harmless CGSA, the league, its officers, and the team manager and coaches, from any claim arising out of any injury to the above named player while involved in league activity, or transportation thereof.

I HAVE CAREFULLY READ THIS MEDICAL RELEASE, PARENT CONSENT AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND CONTRACT BETWEEN MYSELF AND THE CERRITOS GIRLS SOFTBALL ASSOCIATION AND I SIGN IT OF MY FREE WILL.

THIS CONSENT SHALL REMAIN IN EFFECT UNTIL DECEMBER 31, 2017

Signature of Parent or Legal Guardian:	Date:
--	-------

Concussion protocol paperwork acknowledgement: By signing below, I acknowledge receipt of the concussion protocol paperwork, and agree to all conditions set forth it.

Signature of Parent or Legal Guardian:	Date:
--	-------

PARENT/PLAYER AGREEMENT AND CODE OF CONDUCT: By signing below, I acknowledge receipt of the CGSA Code of Conduct, and agree to all conditions set forth in the Code of Conduct. I understand that this Code of Conduct applies to my entire family and guests

Signature of Parent or Legal Guardian:	Date:
--	-------