

2017 Valley Area Girls Softball Registration Form

PLEASE PRINT:

Player's Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Email: _____ Age: _____

Current Travel League Player:

Yes _____ No _____ League: _____

Registration Fee: (Make checks payable to Valley Area Girls Softball League)

Divison	Age	Cost
T-Ball	5-6	\$50.00
Rookie	7-8	\$75.00
Jr. Petunia	9-10	\$75.00
Petunia	11-12	\$75.00
14&Under	13-14	\$75.00
Senior	15+	\$75.00

Cost for 2 Children-\$110.00 and \$25.00 per each additional child. **MUST BE FROM SAME FAMILY**

I/We, the parents/guardian give the above player approval to participate in any and all of the activities of the Valley Area Girls Softball League.

I/We, do further release, absolve and hold harmless the Valley Area Girls Softball League, the Sponsors, the Supervisors and Coaches, and /or all of its participants in case of injury to my daughter/ward. I /We likewise release from responsibility any person(s) transporting my daughter/ward to and from any league activities.

The Valley Area Girls Softball League takes out an accident policy for the girls in the league. This policy is only a supplemental insurance coverage for medical care. Please be aware that your insurance is the primary coverage.

It is Mandatory each parent work (1) home game at the concession stand.

PLEASE READ ABOVE AND SIGN BELOW:

(PARENT/GUARDIAN)

(DATE)

If there are any medical conditions or allergies that the coach/supervisor should be aware of, please list them below, or if you would prefer, give a letter to the coach/supervisor on which your child plays.

Your assistance is greatly appreciated and needed. If you can volunteer any of your time/services, please print your name and phone number below... THANK YOU!!

Name _____

Phone _____

Would your child be interested in playing in our Fall League? Yes _____ No _____

Amt paid: _____

Rec'd By: _____

Cash/Check # _____