



Gardendale Girls Softball Association

2109 Moncrief Road, Gardendale, AL 35071

www.gardendalegirlssoftball.com

PLEASE PRINT IN BLUE/BLACK INK

Division: (Must check one):

14-18 _____ 12&U _____ 10&U _____ 8&U _____ 6&U _____ Rag Ball _____

Child's Name (Last, First) _____ Date of Birth _____ Grade _____ Age _____

Street Address _____ School _____

City _____ State _____ Zip Code _____ Home Phone _____

Mother's Name _____ Mother's Cell # _____ Primary Email Address _____

Father's Name _____ Father's Cell # _____ # of years played _____ Positions Played _____

Please indicate your interest to volunteer with any of the following (check all that apply):

Sponsor Head Coach Asst. Coach Team Mom Board Member

WAIVER, RELEASE AND MEDICAL TREATMENT FORM

I, the undersigned Parent/Guardian of the player named herein, acknowledge that participation in Gardendale Girls Softball, as in any sport, may result in injury. I hereby release Gardendale Girls Softball Association, its members, agents, officers, coaches, and players from all liability or responsibility for any claim, damage, or legal action on behalf of the player or the player's parents, heir, or personal representative arising from any injury the player may sustain while participating in Gardendale Girls Softball. I hereby authorize, in the event of injury, any representative of the Gardendale Girls Softball Association to obtain whatever medical attention is deemed necessary for my daughter. I hereby authorize any qualified medical practitioner to render such emergency medical treatment that he/she deems necessary for my daughter. I hereby state that my daughter is in good health and is physically able to play girl's softball.

Parent/Guardian Name _____ Signature _____ Date _____

Family Physician _____ Physician's Phone _____

Emergency Contact _____ Emergency Phone _____

Insurance Company _____ Pertinent Medical Information (allergies, asthma, etc...) _____

Shirt Size: Youth: XS ___ S ___ M ___ L ___ XL ___ Adult: S ___ M ___ L ___ XL ___ XXL ___

Rag Ball (Ages 2 – 4)

\$50 per player

*Sibling discount (must be from same household): 2nd child fee: \$40, 3rd child: \$30

6U – 18U

\$125 per player

*Sibling discount (must be from same household): 2nd child fee: \$115, 3rd child: \$100

*****Make checks payable to GGSA**

LEAGUE USE ONLY

Date Rec'd _____ Paid Cash _____
 Rec'd Discount _____ Check # _____
 Total Paid _____