

2012 G-K Softball Registration

Player Name: _____

Grade in School Now: _____

Address: _____ Genoa
Kingston

Parent/Guardian: _____

Home Phone: _____ Cell

Phone: _____

Email address: _____

Position(s) played: _____

Please check the category that applies:

_____ Never played G-K Softball (Number of years played elsewhere _____)

_____ Same level of play / put back in draft

_____ Same Level of play / stay with same team/coach _____

****Every player moving up to a new level is put in the draft****

Would you be interested in playing on an ALL STAR TOURNAMENT TEAM that would play an additional 3-4 tournaments AFTER our regular season is finished.

We will hold tryouts for 10U, 12U, 14U and 18U

**Additional fees will be required for these teams for tournaments/uniforms
More info coming soon.....**

Yes we are interested _____

No thanks _____

Registration Fees (make checks payable to **G-K Girls Softball**)

(Add \$50.00 if registering after 2/18/11)

Kindergarten (t-shirt only)	\$40.00
1 st and 2 nd grades (t-shirt only)	\$55.00
3 rd and 4 th grades (jersey and sox)	\$75.00
5 th and 6 th grades (jersey and sox)	\$75.00
7 th and 8 th grades (jersey and sox)	\$85.00
High School (9 th -12 th grades) (jersey & sox)	\$90.00

T-shirt size (check one)

_____ Child Medium (10-12)

_____ Child Large (14-16)

- _____ Adult Small
- _____ Adult Medium
- _____ Adult Large
- _____ Adult X-Large

I am interested in or know someone interested in:

_____ Coaching Name _____ Phone# _____

_____ Assistant Coaching
Name _____ Phone# _____

_____ Sponsoring a team...
Company Name _____ Phone

_____ Umpiring...@which
level _____

I/We, the parents of _____ hereby give permission for my/our child to participate in G-K Girls Softball's 2012 season activities.

I/We agree to abide by the code of conduct set forth by G-K Softball.
I/We understand that my/our own health and accident insurance is my/our financial protection in the event of an injury to my/our child. I /We do hereby authorize treatment by a qualified and licensed medical provider of the above named child in the event of a medical emergency. This authority is granted after reasonable effort had been made to reach me/us. I/We assume the risks and hazards incidental to the conduct of this program. I /We release, absolve, indemnify and agree to hold harmless the League, sponsors, coaches, board members and persons transporting my/our child to and from activities for any claim arising out of injury to accident or liability insurance.

Parent/Guardian:

Date: _____

(FOR BOARD USE ONLY)

Registration fee \$ _____

2nd child -\$5.00
3rd child -\$5.00

Adjusted Registration
\$ _____

Visor(s) (optional)

\$ _____
\$12.00

Total Due

\$ _____

Cash
initials _____

Check #

Board member