

2010 WEST JEFF GIRL'S SOFTBALL ASSOCIATION REGISTRATION

Please complete all information below. **Mail this form with a check payable to "WJGSA" to the address noted below.** WJGSA will attempt to accommodate all girls who register, or fees will be returned. Priority will be given to those who register and pay by the deadline. **Must be postmarked by December 18, 2009 for early registration discount.**

Player: _____ Birth Date: _____ School: _____ Grade: _____
 Address: _____ City: _____ Zip: _____
 Mailing Address (if different): _____
 Home Phone: _____ Email: _____
 Father's Name: _____ Cell: _____
 Mother's Name: _____ Cell: _____

(Registration fees include trophy and tournament costs. Registration fees do not include uniform costs.)

<u>Based on age as of August 1, 2010:</u>	EARLY REGISTRATION DEADLINE: December 18, 2009
<u>Early Registration (by Dec 18th):</u>	
Ages 5-8.....\$100/player	\$ _____ <input type="checkbox"/> New Player
Ages 9-18.....\$150/player	\$ _____ <input type="checkbox"/> Returning Player, Prior Coach/Team
After Dec 18th add.....\$25/player	\$ _____ _____

Optional: Requested Team/Coach for this season _____
 Tax Deductible Donation (payable to WJGSA) \$ _____
 (a receipt will be sent to you) (All effort will be made to fill requests)

Total Due (Make checks payable to WJGSA) \$ _____ **For Information on Competitive Teams:**
Please call 303-550-5767.

PARENT OR GUARDIAN: READ AND SIGN BELOW

We are a 100% volunteer organization. If you are interested in volunteering, please choose one or more of the following:

_____ Coach (background check required)	_____ Team Manager
_____ Assistant Coach	_____ Board Meeting Attendee

1) As Parent or Guardian of the above player, I hereby confirm above birth date and will provide a birth certificate if asked.
 2) As parent or guardian of the above player, I understand that any sport has some natural risks, and that the coaches will exercise all reasonable care to avoid accidents. I assume all risks and hazards incidental to such participation, including transportation to and from the activities and do hereby waive, release, indemnify and agree to hold harmless West Jefferson Girl's Softball Association (WJGSA), its officers, sponsors, coaches, participants, and persons transporting the above named player to and from activities for any claim arising out of any injury that a player may sustain during her participation in, or travel to and from WJGSA activities. 3) I also grant permission to managing personnel to authorize and obtain medical care from any licensed physician, hospital or clinic should a player become ill or injured while participating in any WJGSA activity away from home, or at other times when neither parent nor guardian is available to grant such authorization for emergency treatment. 4) I fully understand that WJGSA is not providing health and/or accident insurance, and it is my responsibility to provide coverage for the above named player.

Medical Insurance Provider: _____ Policy # _____

 Printed Name of Parent or Guardian

 Signature of Parent or Guardian

Mail completed registration forms to West Jeff Girl's Softball Association
P.O. Box 2128, Evergreen, CO 80437
www.wjgirlssoftball.com