

UPPER PERK GIRLS SOFTBALL Registration Form

For League Use Only: DATE: ___/___/___

Form of Payment: (circle) CASH CHECK# _____

Amount of Payment \$ _____ .00

Is this PAID IN FULL or PAYMENT PLAN?

ASSIGNED DIVISION OF PLAY: PIXIE JUNIOR SENIOR VIGS14 VIGS18

PLAYER INFORMATION

PLEASE PRINT CLEARLY

Name: _____ Phone: (____) _____

Address: _____

City: _____ Zip: _____

Birthday: ___/___/___ Age (as of January 1st): _____ Current School Grade: _____

***Must Have Copy Of Birth Certificate!**

Years of Experience: 1 2 3 4 5 6 7

***Girls must be at least 5 years old and under 19 years old on January 1st of the year in which she will be participating.**

Sisters registered for the SAME Season: Name _____ Name _____

Please circle a shirt size and a shorts size. If you are unsure between two sizes, choose the larger to allow for player growth and shrinkage.

Shirt Sizes

Youth-M Youth-L Adult-S **Adult-M** Adult-L Adult-XL Adult-XXL

Shorts Sizes

Youth-M Youth-L Adult-S **Adult-M** Adult-L Adult-XL Adult-XXL

PARENTAL INFORMATION

Please print the name and relationship of each parent or legal guardian.

Name: _____ Relationship: _____

Phone: _____ Cell: _____

Email: _____

Name: _____ Relationship: _____

Phone: _____ Cell: _____

Email: _____

Note: If Custody is Shared, please list a phone and email for both parents.

If you are interested in helping this season, please check the position you would like to volunteer for:

Head Coach

Asst. Coach

Helper

MEDICAL / EMERGENCY CONTACT INFORMATION:

Please list any Medical Problems that your child has:

In case of an injury, whom can we contact if parents cannot be reached?

Name: _____ Relationship: _____

Phone: (____) _____

I, the parent/guardian of _____, certify that I have adequate medical and
(Player's Name)
hospitalization insurance coverage with _____,

and that I will assume full responsibility for any expense, which may be incurred as a result of
bodily injury occurred through participating in the Upper Perkiomen Girls Softball League.
(Please Circle One)

***All photos may be used on the UPGSL website and newspaper ads YES NO

_____/_____/_____
(Signature of Parent/Guardian) (Date)

REGISTRATION INSTRUCTIONS

Registration Fees are as follows**:

\$ 95 for Pixies (Ages 5 – 8) \$105 for Seniors (Ages 11 – 12)

\$ 95 for Juniors (Ages 9 -10) \$115 for VIGS (Ages 13 - 18)

**\$5.00 Discount for each additional player per family.

****Above Registration Pricing includes Full Uniform, League Insurance, and our League Fundraiser of Raffle Tickets, worth \$30 (maximum \$30 per family); Drawing at Opening Day.**

Please make check payable to the UP Girls Softball League (UPGSL)

Mail this completed registration form with the check to:

UP Girls Softball League
PO Box 142
Pennsburg, PA 18073

****All registrations must be received the last sign-up date.** Late Registration Fee May Apply.

**INDIVIDUAL PARTICIPANT
RELEASE AND HOLD HARMLESS FORM**

I, _____, the undersigned, on behalf of myself and/or my minor child, and our heirs, executors, administrators, and assigns hereby acknowledge and recognize that participating in an organized sport does entail a certain risk of property damage, personal injury, and/or death.

I, the undersigned, on behalf of myself and/or my minor child, and our heirs, executors, administrators, and assigns, do hereby remise, release, quitclaim, and forever discharge, hold harmless and indemnify the Township of Upper Hanover, the Borough of Pennsburg, and the Upper Perkiomen School District and their officers, employees, agents, and assigns, from any and all liability, known or unknown, potential or otherwise, arising from the use of the playing fields owned by the Township of Upper Hanover, Borough of Pennsburg, and the Upper Perkiomen School District by me and/or my minor child, including property damage, personal injury, and/or death.

If a participant is under eighteen (18) years of age, the signature of a parent or legal guardian is required.

Signature: _____

Parent/Guardian Signature (if a minor): _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Date: _____