



SYCAMORE GIRLS' SOFTBALL, Inc. 2012 REGISTRATION FORM

PLEASE PRINT CLEARLY

Name: _____ Phone: _____
Address: _____ School: _____
City: _____ Grade as of 2/1/12: _____
Parent E-mail address: (this is how we will communicate) _____
Years of softball experience: _____ Are you a catcher? _____ pitcher? _____
_____ I would like to be notified by text message of events and game cancellations.
Cellular Telephone Number: _____ Carrier: _____

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T-Shirt size (circle one): YS (6-8) YM (8-10) YL (10-12) AS AM AL AXL AXXL
Pant size (circle one): YS (6-8) YM (8-10) YL (10-12) AS AM AL AXL AXXL
Sock size (circle one): Y (child shoe 9-4 ladies) I (ladies shoe 5 -10) A (shoe size 10+)
Visor (circle one) Youth Adult
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FEES ARE DUE AT TIME OF REGISTRATION (add'l \$10 fee if registering after **Feb. 11**)

\$45 Kindergarten \$50 Grades 1-2 \$60 Grades 3-4 \$85 Grades 5-6 \$85 Grades 7-8

Please make checks payable to: Sycamore Girls' Softball, Inc.
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PLEASE READ CAREFULLY BEFORE SIGNING

We the undersigned, parents of _____, a voluntary participant of "Softball" as set up under the guidelines of Sycamore Girls' Softball, Inc., a non-for-profit organization, hereby give our consent for her participation in games, practices, and travel to and from games or practices. We further release and forever discharge all members of the Sycamore Girls' Softball Inc., program, Sycamore Complex Board, Sycamore Park District, sponsors, umpires, coaches and all others connected with the program from any and all liability arising out of participation in any of the above whereby bodily injury occurs or loss of use of any contact lens or other apparatus. We understand that injuries do happen and accept the risk of participation and the possibility of those injuries occurring to our child. Bodily injury, as used above, means bodily injury, sickness or disease, and includes death resulting from. To help prevent injuries, no jewelry of any kind may be worn. Parent/Guardian is responsible for returning to Sycamore Girls' Softball, Inc. any equipment issued to them by the league.

_____ The bearer of this letter has my permission as parent/guardian to act on my behalf in any emergency dealing with the health and welfare of my daughter and to obtain emergency treatment for her by a licensed physician.

_____ I hereby consent that my daughter's name, image and likeness, as shown in photographs or electronic images, may be used for the purpose of promoting softball, free and clear of any claim on my part.

_____ Date _____ Parent/Guardian signature _____ Printed name _____

Any physical limitations? _____ If so, please explain _____
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OFFICE USE ONLY: Cash _____ or Check # _____ Total amount paid _____

**You may mail this completed form with payment to:
Sycamore Girls' Softball, Inc., P.O. Box 383, Sycamore, IL 60178
www.sgsball.com**