

## 2008 Goddard Jr. Girls Softball Registration Form

Please complete the entire form, must be signed by the child's parent/legal guardian. Information is needed for insurance. A copy of each child's birth certificate must be given to your child's coach and a parent sheet must be signed before your child's first game. One child per each form and each form must have a separate check.(No Exceptions).

**Fees: \$60.00 per child**                      **Registration Deadline: March 15<sup>th</sup> 2008.**  
**Late Fee: \$15.00 after Deadline! NO registrations accepted after April 1<sup>st</sup> 2008.**  
**Make checks payable to: Goddard Jr. Baseball**  
**Send To: PO Box 656, Goddard, Ks. 67052**

Note to Coaches: If you as a coach want to keep the same team, please gather all forms together and send as one package, including: your name, phone number(s), and a list of players. If you know what color T-shirts your team would like, call in early to : All Seasons Sports: 721-3835.

**Child's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Age as of 5/1/08** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Home Phone** \_\_\_\_\_  
**Father's Name:** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_  
**Mother's Name:** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_  
**Coach Preference** \_\_\_\_\_ **Grade** \_\_\_\_\_ **School** \_\_\_\_\_ **Email** \_\_\_\_\_

**Circle Age Division**    **T-Ball**    **Machine Pitch**    **9-10**    **11-12**    **13-15**

(T-ball is for children 5-6 years old, Machine Pitch is 7-8)

**We must have coaches to have a team! Are you willing to help teach the game of softball to our youth in a positive manner? If so,**

**Name** \_\_\_\_\_ **Head Coach** \_\_\_\_\_ **Assistant Coach** \_\_\_\_\_

**Health Insurance Co.:** \_\_\_\_\_ **ID#** \_\_\_\_\_

**Special Health Concerns:** \_\_\_\_\_

**Doctor Name:** \_\_\_\_\_ **Doctor Phone:** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Emergency Phone** \_\_\_\_\_

**Shirt Size (Please Circle)**

**Youth6-8**    **Youth10-12**    **Youth14-16**    **Small**    **Medium**    **Large**    **XL**

### Player and Parent/Guardian Waiver, Release and Medical Authorization

I understand that Baseball/Softball are an extreme test of my child's physical and mental limits. This sport carries with it the potential for serious injury, death and property loss. I agree to assume all the risk of my child's participation in Goddard Jr Baseball. I agree to all of the following for my family, my child, and myself:

- A) I waive, release and discharge from any and all claims or liabilities for personal injury, for death or damages of any kind which may arise out of or relate to my child's and families participation in Goddard Jr Baseball, the following persons and entities: Goddard Jr Baseball, it's directors, employees, coaches, and instructors, parents, players, the City of Goddard, and USD #265.
- B) I agree not to file suit or bring any legal actions against any of the persons and entities listed above.
- C) I indemnify and hold harmless the persons and entities above from any claims made or liabilities assessed against them as a result of my actions.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical facility to treat my child listed above for the purpose of attempting to treat or relieve any injuries arising out of or relating to my child's participation in Goddard Jr Baseball activities. I authorize any such medical provider to perform all procedures deemed medically prudent in the treatment of my child. I consent to the administration of anesthesia as deemed advisable. I assume all the risk and responsibility for the treatment of my child.

**Signature of Parent/Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_