

SAN RAMON VALLEY GIRLS ATHLETIC LEAGUE



2010 Player Registration Form

Registration Date: _____

Player No: _____

Official Age: _____

2010 Division: _____

2009 Division: _____

Team #

This box for SRVGAL use only

Player Name: _____

Address: _____

City: _____ ZIP _____

Home Phone: _____

BirthDate: _____ Grade: _____

School: _____

Email: _____

Shirt Size: _____

Parent 1

Relationship: _____

Name : _____

Address: _____

Parent 1 Phone _____

Parent 1 Email _____

Parent 2

Relationship: _____

Name : _____

Address: _____

Parent 2 Phone _____

Parent 2 Email _____

Parent Volunteer Selection:

- | | | |
|---|---|---|
| <input type="checkbox"/> Unable to Volunteer at this time | <input type="checkbox"/> Team Parent | <input type="checkbox"/> CURRENT Board Member |
| <input type="checkbox"/> Team Head Coach | <input type="checkbox"/> Team Scorekeeper | <input type="checkbox"/> In-Season Field Preparation |
| <input type="checkbox"/> Team Assistant Coach | <input type="checkbox"/> Team PCA Coordinator | <input type="checkbox"/> Early Season Field Preparation |
| <input type="checkbox"/> Team Sponsor | <input type="checkbox"/> Parent Umpire (Pre K thru 2nd Grade) | <input type="checkbox"/> Team Publicity |

Non-Volunteer Fee - A \$50 fee paid by families in-lieu of donating their time and effort to SRVGAL
Note: SRVGAL reserves the right to assess the \$50 fee if your volunteer obligation is not fulfilled.

Other information
the League should

Sisters Play on Same Team (same age group only)

Sister's Number	Sister's Name

SRVGAL MEDICAL RELEASE FORM

Physical or other limitations Coaches need to know (confidential):

Family Physician : _____

Physician Phone : _____

Insurance Company: _____

Policy#: _____

CONSENT FOR EMERGENCY MEDICAL CARE

I do hereby allow emergency medical treatment without delay for _____ in the event I am not immediately available to give consent. Player's Name

I am the parent or legal guardian of the above-named girl who wishes to participate in organized softball under the auspices of the San Ramon Valley Girls Athletic League and/or the Amateur Softball Association of America. I understand that softball may be a hazardous activity which might subject participants to serious injury. Nevertheless, I, on behalf of my daughter or ward, myself and my spouse, hereby agree to assume all risk to which my daughter may be subject due to her activities and participation, directly or indirectly, in connection with the San Ramon Valley Girls Athletic League, and do specifically release, absolve, indemnify and hold harmless the San Ramon Valley Girls Athletic League, its officers, directors, sponsors, organizers, managers, coaches, supervisors, and employees from any and all liability resulting therefrom.

DATE: _____

Original Parent Signature