# Orange Grove Girls Fast Pitch Softball League

P.O. BOX 2084 • GULFPORT, MS 39505

MAILED FORMS MUST BE RECEIVED BY FEBRUARY 28

☐ T-Ball
☐ CP
☐ 9-10
☐ 11-12
☐ 13-16

## Player Registration & Consent Form

**PLAYER INFORMATION**

Name: _____ Date of Birth: _____ / _____ / _____
LAST FIRST MIDDLE

Address: _____ City: _____

School: _____ **AGE AS OF DEC. 31, 2005** _____

If returning player, list Team & Coach: _____

**COST FOR 1ST CHILD: $55.00 ADDITIONAL CHILD: $45.00**

***TRYOUTS: MARCH 4th • PRUDIE CIRCLE • 1:00***
***(Only applies to new players or girls changing age groups)***
**PHONE CALLS WILL NOT BE MADE! PLEASE - MARK YOUR CALENDAR FOR TRYOUT DATE!**

**UNIFORM INFORMATION** (Circle one shirt and one pants)

SHIRT: Youth (XL) (L) (M) (S) sHORTS: Youth (XL) (L) (M) (S)
Adult (XL) (L) (M) (S) Adult (XL) (L) (M) (S)

**PARENT/GUARDIAN INFORMATION**

Name: _____ Relationship: _____

Address: _____ Occupation: _____

Phone Numbers: Home: _____ Work: _____ Cell/Beeper: _____

Child's Doctor: _____ Phone: _____

**VOLUNTEER INFORMATION**

The O.G.G.S.L. is a non-profit, volunteer organization that needs everyone's help to be successful. Please check the boxes for any area that you feel you would like to contribute to the League to benefit your child and the total softball program.

Head Coach ( ) Age Group: _____ Name: _____

Assistant Coach ( ) Age Group: _____ Name: _____

Scorekeeper ( ) Age Group: _____ Name: _____

Team Parent/Guardian: ( ) Concession: ( ) Fundraising: ( ) Tournaments: ( )

**SPONSORSHIP** TEAM SPONSOR: ( ) $300.00 Field Sign: ( ) $200.00

**PARENTAL CONSENT**

I/we the Parents or Guardian of the above named player, who is a candidate for a position on a T-ball/softball/tournament/fastpitch team, hereby give approval for her participation in any and all of the activities of the O.G.G.S.L. during the current season. I/we assume all risk and hazards incidental to the conduct of the activities and transportation to the and from the activities. I/we do further release, absolve, indemnify, and hold harmless the O.G.G.S.L., the organizers, officers, directors, commissioners, coaches, assistant coaches, sponsors, and all supervisors, in any case of injury to my/our child. I/we hereby waive all claims against the said and all supervisors appointed by them. I/we likewise release from responsibility any person transporting my/our child to or from activities with this league's activities. I/we will furnish a certified copy of the original birth certificate of the above named player. I/we understand that when my/our child is assigned to a team, he/she will be available for practice and games at the designated time and place. I/we understand that we, as parents, or my/our child does not comply with the rules of this league, O.G.G.S.L. Board of Directors has the right to restrict further participation.

Parent/Guardian Signature: _____ Parent/Guardian Signature: _____

Date: _____ Date: _____

☐ Academy ☐ Mail ☐ Other **FOR OFFICIAL USE ONLY**

Rec'd by: _____ Amount Paid: _____ ☐ Check #: _____ ☐ Cash Date: _____

**WHITE & YELLOW COPY - LEAGUE** **PINK COPY - PARENT/GUARDIAN**