

CERRITOS GIRLS SOFTBALL ASSOCIATION (CGSA)

Girls ASA Fastpitch League (www.cerritogirlssoftball.com)
P.O. Box 4074, Cerritos, CA 90703-4074
562-412-0268

Age Division _____

Registration No: _____

DOB Verified by: _____

Shirt/Jersey Size: _____

Shorts or Pants Size: _____

2010 SPRING PLAYER REGISTRATION

Player Name: _____ Date of Birth: _____

Legal Name (on birth certificate) _____

Address: _____ City: _____ Zip: _____

Home Phone: (_____) _____

Parent/Guradian Contact #1: _____ Relationship: _____

Address (if different): _____ City: _____ Zip: _____

Contact #1 Phone: (_____) _____ Email: _____

Parent/Guardian Contact #2: _____ Relationship: _____

Address (if different): _____ City: _____ Zip: _____

Contact #2 Phone: (_____) _____ Email: _____

Emergency Contact Name: _____ Phone: (_____) _____

Have you previously played organized Softball/Baseball? No Yes, Where? _____

Are you a returning All-Star? No Yes, What Division? _____ Where? _____

Have you ever pitched? No Yes Have you ever been a catcher? No Yes

What school do you attend? _____

*******COMPLETE BACK SIDE OF THIS FORM*******

Players are not officially registered until the Front and Back Side of this form has been completed & Fees are submitted

Age Classification

All CGSA players will be classified by their age and may play in this age division or an older age division. Age Classifications are mandatory for league play during the season.

6&Under Age Division – Your child may play in this division if she is 4-6 years old as of December 31, 2009

8&Under Age Division – Your child may play in this division if she is 8 years old or younger as of December 31, 2009

10&Under Age Division – Your child may play in this division if she is 10 years old or younger as of December 31, 2009

12&Under Age Division – Your child may play in this division if she is 12 years old or younger as of December 31, 2009

14&Under Age Division – Your child may play in this division if she is 14 years old or younger as of December 31, 2009

PAYMENT DETAILS (Please submit separate checks payable to CGSA for registration, snack bar and buy out)

Registration Fees: 8u/10u/12u Amount Paid: \$ _____ Cash Check # _____

Cerritos Resident = \$115.00/Non-Cerritos Resident = \$125.00

(Registration fee covers costs of team jersey, shorts or pants, socks, player insurance & applicable umpire fees)

Registration Fees: 14u Amount Paid: \$ _____ Cash Check # _____

Cerritos Resident = \$135.00/Non-Cerritos Resident = \$145.00

(Registration fee covers costs of team jersey, shorts or pants, socks, player insurance & applicable umpire fees)

Registration Fees: 6u (T-Ball) Amount Paid: \$ _____ Cash Check # _____

Cerritos Resident = \$50.00/Non-Cerritos Resident = \$55.00

(Registration fee covers costs of team jersey, shorts or pants, socks, player insurance & applicable umpire fees)

Mandatory Snack Bar Deposit (all players): \$50 Amount Paid: \$ _____ Cash Check # _____

(Check will be returned after Snack Bar Shift has been completed/ before the end of the Season)

Fundraiser Buyout: \$25 Amount Paid: \$ _____ Cash Check # _____

CGSA is a non-profit organization operated solely by volunteers. In order to raise funds for team practice equipment, field usage, clinics and other events/services/materials, etc for the operation and benefit of the players, it is required for all players to participate in the League Fundraiser. Players may opt to "buy out" of the Fundraiser at the time of registration.

_____ Parent/Guardian Initial here – **indicates that you CHOOSE TO PARTICIPATE IN THE LEAGUE FUNDRAISER** rather than "buy-out"

REGISTRATION NOTES / SPECIAL REOUESTS - Special Requests will be reviewed, verified and approved by the Executive Board on an individual basis –

NO guarantees will be made to any player.

Medical Information - PLEASE PRINT (*Please provide emergency contact information below*)

Players Name: _____

Parent/Guardian Contact #1: _____ Phone: (____) _____

Parent/Guardian Contact #2: _____ Phone: (____) _____

Emergency Contact Name: _____ Phone: (____) _____

Family Physician Name: _____ Phone: (____) _____

Insurance Company: _____ Policy # _____

Does player have any Physical Impairments we should be aware of? No Yes, State condition _____

Last Tetanus Toxioid Booster: _____ Allergies None Yes, Explain _____

List any Special Medications or Restrictions _____

Authorization to Treat Player

I/we the undersigned parent(s) or legal guardian(s) of , a minor, do hereby authorize and consent to any X-ray examination, anesthetic, medical, or surgical diagnosis rendered under the general or special supervisions of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required by is given to provide authority and power to render care which the aforementioned physician in the exercise of their best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of the civil code in your home state.

THIS CONSENT SHALL REMAIN IN EFFECT UNTILDecember 31, 2010

Signature of Parent or Legal Guardian: _____ Date: _____

Agreement, Waiver and Release

In consideration for being permitted by the **Cerritos Girls Softball Association** to participate in Youth Girls Fastpitch Softball League, I do hereby **waive, release, and discharge** any and all claims for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the **Cerritos Girls Softball Association** (Its officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing these risks I do hereby assume these risks. It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability damage, cost or expense which they may incur as a result of my death or any injury or property damage that I may sustain while participating in said activity.

PARENTAL CONSENT: (to be signed by parent/legal guardian if applicant is under 18 years of age)

I do hereby consent that my daughter, participate in the above and hereby execute the above **Agreement, Waiver and Release** on her behalf. I further state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost or expense which may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND CONTRACT BETWEEN MYSELF AND THE CERRITOS GIRLS SOFTBALL ASSOCIATION AND I SIGN IT OF MY FREE WILL.

Signature of Parent or Legal Guardian: _____ Date: _____

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