



# 2008 Player Registration Form

Player Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

School & Grade \_\_\_\_\_

Requests/Comments \_\_\_\_\_

Birth Date / / \_\_\_\_\_

League Age \_\_\_\_\_  
(Age on January 1, 2008)

Pitching Experience? Yes  No

Played SVGSL Before? Yes  No

**Age Division Fees**  
(Multi-Player discount \$10 each player)

6 and under (6U): \$75

8 and under (8U): \$75

10 and under (10U): \$120

12 and under (12U): \$120

14/16 and under (14/16U): \$120

(Teammate requests for 6U 8U and 10U age division only. Requests cannot be guaranteed)

## Parent Information

<b>Parent #1 Name</b>	_____	<b>Parent #2 Name</b>	_____
<b>Day Phone (Work or Cell)</b>	( ) _____	<b>Day Phone (Work or Cell)</b>	( ) _____
<b>Email (primary)</b>	_____	<b>Email</b>	_____
<b>Relationship</b>	_____	<b>Relationship</b>	_____
(Please Circle One)		(Please Circle One)	
<b>Volunteer →</b>	Manage Coach <input type="checkbox"/> Umpire <input type="checkbox"/> Team Admin <input type="checkbox"/> Other <input type="checkbox"/>	<b>Volunteer →</b>	Manage Coach <input type="checkbox"/> Umpire <input type="checkbox"/> Team Admin <input type="checkbox"/> Other <input type="checkbox"/>
<b>Primary parent to contact</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Either <input type="checkbox"/> Other (Legal Guardian)		

## Medical Release Information

<b>Emergency Contact</b>	_____	<b>Phone</b>	( ) _____
<b>Relationship to player</b>	_____	<b>Phone #</b>	( ) _____
<b>Family Physician</b>	_____	<b>Policy #</b>	_____
<b>Insurance carrier</b>	_____		
<b>Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)</b>			
_____			

The above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

## League Use Only

<b>Birth Certificate</b>	<b>Returning Player?</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Multi-Player Disc?</b>	<b>Buyout Opt? (\$50)</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Amount Paid</b>	<b>Early Reg.</b>
_____	<input type="checkbox"/>
	<b>Multi Player</b>
	<input type="checkbox"/>
<b>League Rep.</b>	<b>Date</b>
_____	_____
<b>Comments/Notes</b>	
_____	

- In case of emergency, if family physician cannot be reached, I/We hereby authorize my/our child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E.R. Physician).**
- I/We know that participation in softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless Silicon Valley Girls Softball League, the organizers, ASA, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.
- I/We understand that all team coaches, chaperones and managers are subject to a background check and, if I have volunteered for such a position I hereby authorize the league to perform such check.
- I/We agree to work two (2) Snack Shack shifts (approximately 3 hours each) for each registered player I/We have in the league.**
- I/We agree to participate in two (2) League fundraising activities or pay the fundraising "buyout option" fee of \$50.00.
- I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear.

- I/We give permission to Silicon Valley Girls Softball League to publish the photograph of my/our child on the League website. I/We understand that my/our child's last name will not appear on the website. I/We also understand that if I/We give notice to the webmaster or to the Board that I object to any particular picture on the website, it will be removed as soon as possible and that I/We may revoke this permission, in writing, at any time.
- I acknowledge the refund policy regarding a player's registration fees as: a) if the league is not able to place my player on a team, 100% refund; b) if my player drops out of the league before opening day, 50% refund; c) If my placed player drops out of the league before practices begin, 75% refund; and d) no refund if my player drops out of the league on or after opening day. The SVGSL Board of Directors may approve limited exceptions to this refund policy due to extenuating circumstances.
- I/We agree to and will abide by the Parents' Code of Ethics: I/We will promise to be a model spectator at games & training in which our player is a participant. We will: encourage fair play; not criticize the performance of any player; show respect for the game officials by not criticizing them or undermining their authority; display good sportsmanship as a positive example for my player. Further, I/We understand children deserve to play in a drug free atmosphere, and will refrain from use of all drugs, including tobacco and alcohol, while at the fields.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship to Player** \_\_\_\_\_

Bring completed form to registration or mail signed form plus copy of Birth Certificate and check to:  
Silicon Valley Girls Softball League, P.O. Box 2621,  
Sunnyvale, CA 94087