

LEAGUE USE

Garden Grove American Softball Association

LEAGUE USE

TRYOUT # _____
 #'s (3) ____ / ____ / ____

DIVISION _____
 TEAM _____ FROZEN Y____

PLAYER REGISTRATION FORM
 PLEASE PRINT HARD USING A BALL PT. PEN
****ALL FEES ARE NON-REFUNDABLE****

Player Last Name			First Name		Middle Initial		Home Phone with Area Code					
Home Address							Date Of Birth (month/day/year)			Age		
City			State		Zip Code		Requested Division			Uniform Size: Shirt / Shorts		
Boy / Girl		Years Of Exp			School Name			Do you want sibling on the same team?				
PARENT CONTACT INFORMATION									MANAGER	COACH	TEAM PARENT	OTHER
FATHER OR GUARDIAN			TEL #		CELL #		YEARS OF EXP.					
ADDRESS		CITY		ST	ZIP		I WANT TO BE OR ASSIST WITH...					
EMPLOYER			TEL									
MOTHER OR GUARDIAN			TEL #		CELL #		YEARS OF EXP.					
ADDRESS		CITY		ST	ZIP		I WANT TO BE OR ASSIST WITH...					
EMPLOYER			TEL									

MEDICAL INFORMATION

My insurance carrier is: _____ I understand that GGASA insurance does **NOT** cover the deductibles for my insurance, or the insurance provided by GGASA. I also understand that GGASA insurance is secondary insurance only, and my insurance pays first.

I have no insurance.

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition?

Yes: No: If yes, please describe

Date of last tetanus shot?

If you wish, family doctor contacted in case of emergency.

Doctors Name

Phone # (xxx) xxx-xxxx

EMERGENCY AUTHORIZATION

I, the undersigned parent or legal guardian of the participant, a minor, authorize any member of the board or staff of GGASA, or any parent acting in their behalf or at their direction, to be my agent, and to consent to medical, surgical or dental examination or treatment for my child in case of emergency. I authorize treatment or care at _____ hospital. If there is an emergency and I cannot be reached, please contact the person below. My child may be released to them.

WAIVER OF LIABILITY AND DISCLAIMER

To induce the GGASA to accept registration and permit participation by the named player, I the parent or guardian of said player, give my consent and agree to release, indemnify and hold harmless GGASA, its officials, staff and representatives, from any claim arising out of injury to the named player. I also hold harmless GGASA, its officials, staff and representatives, from any claim arising out of injuries or conditions caused by or aggravated by my refusal to obtain available medical treatment based on religious or philosophical, or other beliefs.

I, the undersigned parent or legal guardian of the named player, agree to volunteer my time when needed for future work parties or snack bar duties at assigned team times. I understand that not complying with these rules will cause my team to forfeit the last or next winning game. I also agree to fully participate in any fund raising activities for GGASA.

PRINT NAME: _____ EMAIL ADDRESS: _____

X: _____ DATE: ____ / ____ / ____

SIGNATURE OF PARENT OR GUARDIAN

Distribution: White - League / Yellow - Manager / Pink - Participant/Parent/Guardian