

# Newburgh Girls Softball 2017

Register Online at [www.NewburghGirlsSoftball.com](http://www.NewburghGirlsSoftball.com)

Player's Name \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Email \_\_\_\_\_ Primary Contact Number \_\_\_\_\_

Age on 12/31/15 \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

**Players will be placed based on their age as of December 31, 2016. \*\*No exception\*\***

Sign up (X)	Player's Age (as Dec. 31, 2016)	League	League President	Registration Fee	
				Early Discount	After February 22
<b>Machine Pitch/T-Ball</b>					
	4 - 5	Machine Pitch/T-Ball	Elaine Arnold <a href="mailto:learnold@gmail.com">learnold@gmail.com</a> 812-217-0412	\$95	\$120
	6	6U Machine Pitch			
	7 - 8	8U Machine Pitch Tryout Date TBD	Jan Stamper <a href="mailto:jstamper3@yahoo.com">jstamper3@yahoo.com</a> 812-306-1750	\$105	\$130
<b>Fast Pitch</b>					
	9 - 10	10U Live Pitch	Jason Kleeman <a href="mailto:jdkleeman@nalco.com">jdkleeman@nalco.com</a> 812-453-5924	\$115	\$140
	11 - 12	12U Live Pitch	Angie Heiss <a href="mailto:ahaiss6@gmail.com">ahaiss6@gmail.com</a> 812.499.7192		
	13 - 14	14U Live Pitch	Paula Hunton <a href="mailto:Hunton3@gmail.com">Hunton3@gmail.com</a> 812-760-9337		
<b>Slow Pitch</b>					
	9 - 12	12U	Carl Hall <a href="mailto:cbhall@wowway.com">cbhall@wowway.com</a> 812-490-2930	\$100	\$125
	13 - 18	18U			

**\*Deduct \$10.00 per additional child\***

**Any registration received after March 3<sup>rd</sup> is subject to league availability; no refund after March 24<sup>th</sup>**

**Players Shirt Size (circle one)**

**Youth:** Small (6-8)    Medium (10-12)    Large (14-16)

**Adult:** Small    Medium    Large    X-Large    XX-Large

Has your daughter ever played organized softball?    YES / NO    If so, how many years? \_\_\_\_\_

Did she play last season at Newburgh?    YES / NO    What team/color? \_\_\_\_\_

Has she ever pitched before? (Live pitch leagues only)    YES / NO    If so, how many years? \_\_\_\_\_

**Any team or coaching request will be considered but not guaranteed.**

Please make checks payable and mail to:  
**Newburgh Girls Softball (NGS)**  
**PO Box 254, Newburgh, IN 47629**

In-person registration:

**January 28<sup>th</sup> at Castle Elementary (9:00a – 12:00p) in the Cafeteria**  
**February 11<sup>th</sup> at Vann Road Park (9:00a – 12:00p) in the concession stand**  
**February 25<sup>th</sup> at Vann Road Park (9:00a – 12:00p) in the concession stand**

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### Volunteer Opportunities

Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Grounds & Building Maintenance \_\_\_\_\_  
Board and Committee's Assistance \_\_\_\_\_ Tournament and Event Prep \_\_\_\_\_

*(Contact the appropriate league president for additional information on coaching opportunities)*

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### **Liability Release & Emergency Medical Care Authorization**

By signing below, or by allowing your daughter to participate in Softball Programs offered by Newburgh Girls Softball, Inc., the following liability releases are given.

I/we, the parent(s) and/or legal guardian(s) of (*player name*) \_\_\_\_\_, hereby give my/our approval for her participation in any and all activities of the Newburgh Girls Softball organization during the current year and any other softball season in which she may participate. I/We am/are aware of the dangers inherent with her participation in Softball. Accordingly, I/we assume all the risks and hazards incidental to the conduct of these activities, and transportation to and from the activities. I/we do further hereby release and hold harmless the Newburgh Girls Softball Organization, the NGS Board & It's Members, Sponsors, Managers, Coaches, Umpires, the Warrick County Parks Board, and/or all of them for any injury or occurrence suffered by our child associated with involvement with Newburgh Girls Softball, Inc. In case of injury to my child, I hereby waive all claims against Newburgh Girls Softball, the organizers, the sponsors and the Warrick County Parks Board.

**I/We further understand that Newburgh Girls Softball does not carry medical insurance for program participants and medical insurance and expenses shall be my/our responsibility.**

Furthermore, I/we do hereby authorize emergency medical treatment for my/our child in the event I/we cannot be contacted to give permission for treatment. I understand that I will be financially responsible for the cost of such treatment.

**In addition to the registration fee, all parents MUST work their share in the concession stand, score keeping, workdays and participate in the NGS annual fundraiser. \_\_\_\_\_ (initial)**

#### Work Day Dates

Saturday, March 4<sup>th</sup> at 9 am.

Saturday, March 18<sup>th</sup> at 9 am.

**Any donated time is GREATLY appreciated!**

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardians Printed Name \_\_\_\_\_

*Registration Form printing compliments of "Alpha Laser and Imaging"*

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[www.NewburghGirlsSoftball.com](http://www.NewburghGirlsSoftball.com)

"Like" us on Facebook!

**Rain-Out & Information Recording: 812-853-3857**

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#### League Use Only:

Date Registration Received \_\_\_\_\_

Fast: 14U 12U 10U 8U 6U T-Ball

Cash / Check No. \_\_\_\_\_

Slow: 18U 12U

Amount Paid \_\_\_\_\_

NGS Rep. Initials \_\_\_\_\_