

Newburgh Girls Softball 2018

Register Online at 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 12/31/17 _____ Date of Birth _____ School _____ Grade _____

Players will be placed based on their age as of December 31, 2017. **No exception**

Sign up (X)	Player's Age (as Dec. 31, 2017)	League	League President	Registration Fee (includes raffle tickets)	
				Early Discount	After February 22
Machine Pitch/T-Ball					
	4 - 5	Machine Pitch/T-Ball	Jen Sandusky sanduskyjennifer@yahoo.com 812/453-2689	\$95	\$120
	6	6U Machine Pitch			
	7 - 8	8U Machine Pitch Tryout Date TBD	Jan Stamper jstamper3@yahoo.com 812-306-1750	\$105	\$130
Fast Pitch					
	9 - 10	10U Live Pitch Tryout Date TBD	Paula Hunton Hunton3@gmail.com 812-760-9337	\$115	\$140
	11 - 12	12U Live Pitch			
	13 - 14	14U Live Pitch			
Slow Pitch					
	9 - 12	12U	Carl Hall cbhall@wowway.com 812-490-2930	\$100	\$125
	13 - 18	18U			

Deduct \$10.00 per additional child

Any registration received after March 5th is subject to league availability; no refund after April 1st

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 is not guaranteed.

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

In-person registration:
January 27th at Castle Elementary (9:00a – 12:00p) in the Cafeteria
February 10th at Castle Elementary (9:00a – 12:00p) in the concession stand
February 24th at Vann Road Park (9:00a – 12:00p) in the concession stand

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)

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 3rd at 9 am.

Saturday, March 10th 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"

www.NewburghGirlsSoftball.com

"Like" us on Facebook!

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

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 _____