

Newburgh Girls Softball Fall Ball 2017

Player's Name _____ Parent/Guardian's Name _____
 Address _____ City _____ State _____ Zip _____
 Primary Email _____ Primary Contact Number _____
 Age on 12/31/16 _____ Date of Birth _____ School _____ Grade _____

******* Registration ends August 13th *******

Games should start around August 20st and will be on Sundays.

Game times will vary from 12:00pm – 5:30pm.

No concession duty required.

\$60 per player or Teams Cost \$500

Players will be placed based on their age as of December 31, 2016.

Fall Ball players have the option to play up to the next league in which they will be playing next Spring.

Sign up (X)	Player's Age (as Dec. 31, 2016)	League	League President	Registration Fee	
				Open Registration	After August 13th
Machine Pitch/T-Ball					
	4-5-6	6U T-Ball/Machine Pitch	Elaine Arnold 812-217-0412	\$60	\$80
	7-8	8U Machine Pitch/Coach Pitch	Jan Stamper 812-306-1750	\$60	\$80
Fast Pitch					
	9-10	10U Live Pitch	Jason Kleeman 812-453-5924	\$60	\$80
	10-12	12U Live Pitch	Angie Heiss 812-499-7192		
	13-14	14U Live Pitch	Paula Hunton 812-760-9337		
Slow Pitch					
	9-12	12U	Carl Hall 812-490-2930	\$60	\$80

Registrations after August 13th will be subject to availability and will be assessed a \$20 late fee

Shirt Size (circle one) Youth: (6-8) Small (10-12) Medium (14-16) Large Adult: S M L XL XXL

Pitching Experience (10U, 12U, 14U only): YES - NO

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

Do want to be: Head Coach?

Assistant Coach?

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 & 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.

Parents/Legal Guardian

Signature _____ Date _____

Parents/Legal Guardians Printed Name _____

www.Newburghgirlssoftball.com

Rain Out Line: 853-3857