

# Newburgh Girls Softball Softball 2019

Player's Name \_\_\_\_\_ Parent/Guardian's Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Primary Email \_\_\_\_\_ Primary Contact Number \_\_\_\_\_  
 Age on 12/31/18 \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

**\*\*\*\*\* Registration ends August 9<sup>th</sup> \*\*\*\*\***

**Games should start on August 18<sup>th</sup> and will be on Sundays.  
 Game times will vary from 1:00pm – 5:30pm.**

Sign up (X)	Player's Age (as Dec. 31, 2018)	League	League President	Registration Fee	
				Open Registration	After August 10th
<b>Machine Pitch/T-Ball</b>					
	4-5-6	6U T-Ball/Machine Pitch	Amanda Helms 812-430-3255	\$70	\$90
	7-8	8U Machine Pitch	Jan Stamper 812-306-1750	\$70	\$90
<b>Fast Pitch</b>					
	9-10	10U Live Pitch	Paula Hunton 812-760-9337	\$70	\$90
	10-12	12U Live Pitch	Paula Hunton 812-760-9337		
	13-14	14U Live Pitch	Paula Hunton 812-760-9337		
<b>Slow Pitch</b>					
	9-12	12U	Carl Hall (812-490-2930)	\$70	\$90
	13-18	18U	Carl Hall (812-490-2930)	\$70	\$90

**No concession duty required.**

**\$70 per player or Teams Cost \$500**

**Players will be placed based on their age as of December 31, 2018.**

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

Registrations after August 9th 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**

**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?

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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 & 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](http://www.Newburghgirlssoftball.com)

Rain Out Line: 853-3857