

Newburgh Women's Softball League 2021

Register Online at www.NewburghGirlsSoftball.com

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Primary Email _____ Primary Contact # _____

Emg. Contact _____ Emg. Contact # _____

Sign up (X)	Season	Dates	Due Dates	Registration
Women's League				
	Season 1	May 9th 5 Weeks/10 Games Sunday's only	April 18th	\$60.00/\$500.00 for team
	Season 2	Aug 8th 5 Weeks/10 Games Sunday's only	July 26th	\$60.00/\$500.00 for team
	Both Seasons			\$100.00/\$800.00 for team

Any registration received after April 18th/July 26th is subject to league availability; no refund after May 5th/August 5th.

Have you ever played organized softball? YES / NO If so, how many years? _____

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

Please make checks payable and mail to:

**Newburgh Girls Softball (NGS)
PO Box 254, Newburgh, IN 47629**

In-person registration:

February 20th 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 ____

Liability Release & Emergency Medical Care Authorization

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

I, the player (*player name*) _____, hereby give my approval for me to participation in any and all activities of the Newburgh Girls Softball organization during the current year and any other softball season in which I may participate. I am aware of the dangers inherent with my participation in Softball. Accordingly, I assume all the risks and hazards incidental to the conduct of these activities, and transportation to and from the activities. I 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 myself associated with involvement with Newburgh Girls Softball, Inc. In case of injury to myself, I hereby waive all claims against Newburgh Girls Softball, the organizers, the sponsors and the Warrick County Parks Board.

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

Work Day Dates

Saturday, March 6 th at 9 am.

Saturday, March 13th at 9 am.

Any donated time is GREATLY appreciated!

Signature _____ Date _____

Printed Name _____

www.NewburghGirlsSoftball.com
“Like” us on Facebook!
Rain-Out & Information Recording: 812-853-3857

League Use Only:

Date Registration Received _____

NGS Rep. Initials _____

Cash / Check No. _____

Amount Paid _____