

Newburgh Girls Softball 2021

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 12/31/20 _____ Date of Birth _____ School _____ Grade _____

Players will be placed based on their age as of December 31, 2020. **No exception**

Sign up Regular (X)	Sign up Fall Ball (X)	Player's Age (as Dec. 31, 2020)	League	League President	Registration Fee	
					Early Discount	After February 23
Machine Pitch/T-Ball						
		4 - 5	Machine Pitch/T-Ball	Chelsey Kroeger Wkroeger74@att.net 812-217-8858	\$95 W/Fall Ball \$160	\$120 W/Fall Ball \$185
		6	6U Machine Pitch			
		7 - 8	8U Machine Pitch Tryout Date TBD	Neil Stowe stowen@hotmail.com 812-453-8925	\$115 W/Fall Ball \$180	\$130 W/Fall Ball \$195
Fast Pitch						
		9 - 10	10U Live Pitch	Brandi Rice Bnrice0806@gmail.com 812-760-5788	\$115 W/Fall Ball \$180	\$140 W/Fall Ball \$205
		11 - 12	12U Live Pitch			
		13 - 14	14U Live Pitch			
Slow Pitch						
		13 - 18	18U	Carl Hall cbhall@wowway.com 812-490-2930	\$100 W/Fall Ball \$150	\$125 W/Fall Ball \$175

Deduct \$10.00 per additional child

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

Sign up early for Fall Ball and receive a discount. Fall Ball Forms will be sent out at the end of the year.

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 23rd at Vann Road Park (9:00a – 12:00p) in the concession stand

February 6th at Vann Road Park (9:00a – 12:00p) in the concession stand

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 _____

(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, and workdays _____ (initial)

Work Day Dates
Saturday, March 6th at 9 am.
Saturday, March 13th 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

Amount Paid _____

NGS Rep. Initials _____