

**Back in 2009!**  
**“Refer a Friend”**  
 Each referral that registers with SGSL earns you a **\$10 Snack Shack Discount Card!**

**2009 SGSL REGISTRATION FORM**

**\$5 Discount!**  
 Players who Registers before **January 1<sup>st</sup>!**

Fees: \$100, \$50 each additional player, T-Ball ~~\$60~~ \$30  
 Fees include: team shirt, pictures, awards, insurance\* and umpires  
 \*\*There may be additional fees if a player is chosen for All Stars\*\*  
*Registration ends 1/31/09 - Returned check fee \$20.00*  
 \*Additional \$3.00 registration fee waives the \$250 deductible \_\_\_\_\_ (waive)

Player's name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ School: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Work/Cell #: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Work/Cell #: \_\_\_\_\_  
 Parent's Employers: \_\_\_\_\_  
 Parent's Occupation: \_\_\_\_\_  
 Age as of 12/31/2008: \_\_\_\_\_ Parent E-mail Address: \_\_\_\_\_

**I hereby give my permission for the girl named above to take part in the softball program of the Sacramento Girls Softball League (SGSL) for the year 2009. It is understood by me that the organizers, sponsors and supervisors are not responsible for any risk, accident or legal responsibility incurred during this activity by the above registered player; and to which I agree to release from all responsibilities. I further agree to allow photos taken by, or in connection with SGSL, to be used in a photo gallery and/or on the league website.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**How did you learn about SGSL?**

Referral (Name: \_\_\_\_\_) Flyer: \_\_\_ Sign: \_\_\_ Website: \_\_\_ Other (\_\_\_\_\_)

**Previous Experience** (circle number of years in each category): Check here for none:

SGSL (Norcal, etc.): Rookie(7-8) 1 2 Mini-Minor(9-10) 1 2 Minor(11-12) 1 2 Major(13-16) 1 2

All Star Nominee: Mini-Minor(9-10) 1 2 Minor(11-12) 1 2 Major(13-16) 1 2

All Star: Mini-Minor(9-10) 1 2 Minor(11-12) 1 2 Major(13-16) 1 2

Pitcher: \_\_\_\_\_ Catcher: \_\_\_\_\_ Other Specialty Position: \_\_\_\_\_

**Family Participation:**

Volunteers may be any family member 18 years of age or older. Families are asked to contribute a total of 4 hours of volunteer time to any combination of the following (please check all that apply): \_\_\_\_\_

Snack bar \_\_\_ Field prep \_\_\_ Softball Clinic \_\_\_ Opening day \_\_\_

Formal Participation: \_\_\_ Coach \_\_\_ Manager \_\_\_ Scorekeeper \_\_\_ Team parent  
 \_\_\_ Fundraising \_\_\_ Board of Directors \_\_\_ Help where needed

<b>For SGSL Use Only</b>	<b>Registration Amount</b> \$ _____
Pitcher _____ Catcher _____	<b>Purchased Additional ASA Insurance</b> \$ _____
Birth Cert. on file: <u>Yes/No</u> Verified by: _____	<b>Fundraising Buy-Out Amount</b> \$ _____
Receipt #: _____ Paid by: <u>Cash/Check #</u> _____ Verified by: _____	<b>Total Amount paid:</b> \$ _____

**Sacramento Girls Softball League, P.O. Box 276652, Sacramento, CA 95827**  
**For more info call: 628-1066 or visit [www.sacgirlssoftball.com](http://www.sacgirlssoftball.com)**

# EMERGENCY FORM

Name of player \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Notes:** (Please include any special health or physical conditions that might affect your child during practice or games, ex: asthma, allergies, diabetes, heart conditions, etc...)

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If neither parent listed above can be reached please contact:

<u>Name</u>	<u>Relationship</u>	<u>Phone</u>
1. _____	_____	_____
2. _____	_____	_____

Physician, address & phone \_\_\_\_\_

Dentist, address & phone \_\_\_\_\_

Insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

I hereby give my permission for the above-mentioned player to take part in the softball program of the **Sacramento Girl's Softball League (S.G.S.L.)** for the year **2009**. It is understood by me that the organizers, sponsors and supervisors are not responsible for any risk accidents or legal responsibility incurred during this activity by the above registered player; and to which I agree to release from all responsibilities.

I further give my permission for the above-mentioned player to be admitted into:

\_\_\_\_\_ any hospital \_\_\_\_\_ Kaiser \_\_\_\_\_ Preferred \_\_\_\_\_

for treatment by a physician for injuries incurred while playing, while being transported to and from or while being a spectator at any activity associated with **Sacramento Girl's Softball League (S.G.S.L.)** program.

Note: All preferred choices for medical treatment will be honored, except when an injury is determined to be a life-threatening situation, in which case the player will be admitted to the nearest medical facility.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_