

# **2009 Winterball Registration Info**

**Deadline for Winterball Registration is  
July 13, 2009**

**Winterball fees will be \$85.00  
this season for 8U, 10U, 12U, and 14U.**

**This cost will cover tournaments, equipment,  
team uniform shirt and umpire fees.**

**Please send in your registration form  
w/check payable to SGSL,**

**or**

**For information contact**

**Greg Fabun (cell) 916/628-1066  
[gfabun@gmail.com](mailto:gfabun@gmail.com)**

**or any board member.**

MAIL FORMS TO: SACRAMENTO GIRLS SOFTBALL LEAGUE  
PO Box 276652,  
Sacramento, CA 95826  
916-628-1066 www.sacgirlssoftball.com

## 2009 WINTER BALL REGISTRATION FORM

PLEASE PRINT REQUESTED INFORMATION (LEAVING NO BLANKS)

LAST NAME _____	FIRST NAME _____	HOME PH# _____
EMAIL _____	CELL PH# _____	
ADDRESS _____	CITY _____	ZIP _____
AGE AS OF 12/31/2008 _____	BIRTHDAY _____	
LIST ANY PHYSICAL IMPAIRMENTS _____		
SOFTBALL EXPERIENCE: # OF YRS _____ DIV. PLAYED _____		
PITCHING: YES ____ NO ____ IF YES, YEAR _____ DIV. PLAYED _____		
ALL-STAR EXP. YES ____ NO ____ IF YES, YEAR _____ DIV. PLAYED _____		

*Please circle one size:*

SHIRT SIZE: **CHILD-** SM (6-8) MED (10-12) LG (14-16) **ADULT-** SM (6-8) MED (10-12) LG (14-16) XL (18-20)

### IMPORTANT WINTER BALL INFORMATION

WINTERBALL IS ORGANIZED BY OUR GOVERNING LEAGUE, NORCAL. LEAGUES WHO ARE A MEMBER OF NORCAL ARE ELIGIBLE AND WILL BE TRAVELING TO OTHER MEMBER LEAGUES TO PLAY. WINTERBALL IS TO PROVIDE A SOFTBALL PROGRAM THAT ENHANCES THE MISSION OF THE LOCAL LEAGUE, PROVIDE GROUNDS, FACILITIES, AND THE ORGANIZATION THAT SHALL ALLOW MEMBERS OF THE LOCAL LEAGUE AN OPPORTUNITY FOR YEAR-ROUND PLAY FOR CONTINUOUS SOFTBALL DEVELOPMENT. DURING THE WINTERBALL SEASON 8U, 10U, 12U, AND 14U COMPETE IN A TOURNAMENT IN THE BEGINNING AND END OF THE SEASON. THIS IS A TRUE TOURNAMENT ATMOSPHERE. THERE IS LOTS OF FUN AND EXCITEMENT THROUGHOUT THE SEASON. FAMILIES MUST KEEP IN MIND THAT THERE IS TRAVELING INVOLVED THROUGHOUT THE SEASON. PRACTICE WILL BEGIN AUGUST 1, OPENING TOURNAMENT ON LABOR DAY WEEKEND, AND ENDING WITH A CLOSING TOURNAMENT IN MID NOVEMBER. DEPENDING WHAT DIVISION YOU ARE IN, YOU WILL PLAY A DOUBLE HEADER STARTING AT ONE O'CLOCK EVERY SATURDAY OR SUNDAY. UNFORTUNATELY, NOT ALL GIRLS WANTING TO PLAY WINTERBALL WILL BE GUARANTEED A PLACE ON A TEAM AS THIS ALL DEPENDS ON THE NUMBER OF VOLUNTEER COACHES AND MANAGERS.

**REGISTRATION FORM MUST BE RECEIVED BY JULY 13!** ANY QUESTIONS PLEASE CONTACT Greg Fabun AT [SGSL@sacgirlssoftball.com](mailto:SGSL@sacgirlssoftball.com) IF YOU WOULD LIKE TO VOLUNTEER AS A COACH/MANAGER PLEASE CALL (916) 628-1066

#### RELEASE AND INDEMNITY

I, THE PARENT OF THE REGISTRANT, A MINOR, AGREE THAT THE REGISTRANT AND I WILL ABIDE BY THE RULES OF THE **SACRAMENTO GIRLS SOFTBALL LEAGUE**, ITS AFFILIATED ORGANIZATIONS AND SPONSORS. RECOGNIZING THE POSSIBILITY OF PHYSICAL INJURY ASSOCIATED WITH SOFTBALL AND IN CONSIDERATION FOR **SACRAMENTO GIRLS SOFTBALL LEAGUE** ACCEPTING THE REGISTRANT FOR THIS SOFTBALL PROGRAM AND/OR ACTIVITY, I HEREBY RELEASE, DISCHARGE AND/OR OTHERWISE THE FIELDS AND FACILITIES UTILIZED FOR THIS PROGRAM, AGAINST ANY CLAIM BY OR ON BEHALF OF THIS REGISTRANT AS A RESULT OF THE REGISTRANT'S PARTICIPATION IN THE PROGRAM AND/OR BEING TRANSPORTED TO OR FROM THE SAME, WHICH TRANSPORTATION I HEREBY AUTHORIZE.

#### CONSENT FOR MEDICAL TREATMENT

AS THE PARENT OR LEGAL GUARDIAN OF THE ABOVE NAMED PLAYER, I HEREBY GIVE CONSENT FOR EMERGENCY MEDICAL CARE AS PRESCRIBED BY A DULY LICENSED DOCTOR OF MEDICINE OR DOCTOR OF DENTISTRY. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF MY DEPENDENT.

INSURANCE COMPANY \_\_\_\_\_ GROUP # \_\_\_\_\_

NAME OF PARENT/GUARDIAN (PLEASE PRINT) \_\_\_\_\_

SIGNATURE OF PARENT/ GUARDIAN \_\_\_\_\_

ELIGIBILITY: REG. SEASON 2008  AND/OR REG. SEASON 2009

DIVISION: 8 & UNDER  10 & UNDER  12 & UNDER  14 & UNDER

MANAGER \_\_\_\_\_ COACH \_\_\_\_\_