

Hingham Girls Softball, Inc. – 2008 Registration Form

<http://www.hinghamgirlssoftball.com>

Last Name:		First Name:	
Father's Name:		Mother's Name:	
Mailing address:		Home Tel:	E-Mail:
		Mobile Tel:	
Grade:	Age:	DOB:	Height:
School:		Adult Shirt Size: <input type="checkbox"/> small <input type="checkbox"/> medium <input type="checkbox"/> large <input type="checkbox"/> extra large Youth Shirt Size: <input type="checkbox"/> medium <input type="checkbox"/> large <input type="checkbox"/> extra large	
Years of Hingham Girls softball:		Years of organized softball:	
Medical Problems or conditions we should be aware of (use reverse side if more space is needed)		<u>COACHES AND VOLUNTEERS ARE NEEDED:</u> Please indicate which role you would like to assist in. Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Other <input type="checkbox"/> (specify) Name of Volunteer: _____ (NOTE: Please complete the CORI form on our website if you plan to be a coach or assistant coach. Thank you for your cooperation.)	
Divisions are based on current grade in school as well as anticipated registration which are subject to change. Hingham Girls Softball reserves the right to alter or amend divisions as it deems appropriate.		Division 1-Grades 1 & 2 Division 2-Grades 3 & 4 Division 3-Grades 5 & 6 **Division 4-Grades 7 & 8	All teams will play 2 games during the week with NO weekend games.
Person to notify in an emergency:		Emergency Tel:	
Physician to notify in a medical emergency:		Physician Tel:	
<u>Mail Registration Form and Fee to:</u> Hingham Girls Softball, Inc. P.O. Box 22 Hingham, MA 02043 <p align="center">OR</p> <u>Bring this form to the registration night at the Hingham Recreation Center on March 13, 2008 from 6-8pm</u> Make checks payable to <u>Hingham Girls Softball, Inc.</u> Questions please email hinghamsoftball@yahoo.com		<u>2008 Registration Fees:</u> \$75.00 for one player; \$115.00 for two players; and \$145.00 for three or more players. (NOTE: Early-bird registrants may deduct \$10 from the above fee schedule if the check and registration form(s) are received by March 13, 2008. Also, financial assistance is available to those in need. Please check below if you would like consideration for assistance and enclose a check if applicable.) Please provide full assistance <input type="checkbox"/> OR Enclosed is a partial payment in the amount of \$ _____	
<u>Abide by Rules and Release:</u> I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules and regulations of Hingham Girls Softball, Inc., its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with softball and in consideration for Hingham Girls Softball, Inc. accepting the registrant for its softball programs and activities (the "Programs"), I hereby release discharge and/or otherwise indemnify Hingham Girls Softball, Inc. its affiliated organizations and sponsors, their agents, employees and associated personnel, including the owners of fields utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.		<u>Consent for Medical Treatment:</u> As parent or legal guardian of the above named registrant/player, I hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine, doctor of dentistry, nurse practitioner, registered nurse or physical therapist. This care may be given under whatever conditions are necessary to preserve life, limb or well being of the player/registrant. Signature: _____ Name: _____ Date: _____	
Signature: _____ Name: _____ Date: _____		*** D4 players will be playing against other local surrounding towns and will require some traveling. *** <u>Player requests will not be honored.</u>	
<u>The final registration deadline is March 29, 2008</u>		Official Use Only: Fee _____ Div. _____ Sis. _____	

