

PLEASE DO NOT WRITE IN THIS SPACE - FOR OFFICE USE ONLY

PAID: _____ Cash / Ck Rec'd by: _____ Entered: _____

PLAYING AGE: _____ DIVISION: _____ COACH: _____

Please mail the following items to PGSA, Box 3015, Prescott, AZ 86302:
 Registration Form Copy of player's birth certificate Payment

Prescott Girls Softball Association - Registration Form

Player's Name: _____ Date of Birth: _____
Address: _____ Home Phone: _____
City: _____, AZ Zip: _____ Work Phone: _____
Email address: _____
Other phone(s): _____

\$75.00 1st player \$65.00 2nd player \$55.00 each additional player (same home)
Please include a \$10 late fee if this form is received after March 21st.

Parent Name(s): _____
Would you like to exclude a coach? _____ (one max)
Would you like to coach? If yes, your name/contact #: _____
Your child will be placed in the age division appropriate to their age, unless otherwise requested.
Comments: _____

I/We, the parents or guardians of the above named candidate for a position on a Prescott Girls Softball Association League, hereby give my/our approval to participate in any and all league activities. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the local league, Prescott Girls Softball Assoc. Inc., City of Prescott, the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities, for any claim arising out of any injury to my/our child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. Please be advised that PGSA carries insurance that is considered secondary to any personal insurance that may cover the participant. All deductibles are the responsibility of the participant's parent/guardian.
I/We agree to return upon request any equipment issued to our child in as good condition as when received except for normal wear and tear.
I/We will furnish a certified birth certificate of the above named candidate to league officials.

Parent or Guardian Signature Date

EMERGENCY CONSENT FORM:

Players Full Name: _____ Date of birth: _____

The undersigned parent(s)/guardian(s) having legal custody or control of aforesaid minor, grant permission for any emergency treatment and/or hospital services that may be rendered to said minor under the direction of:
Dr. _____ Phone: _____
or any emergency department/hospital physician.

Medical History

Allergies: _____ Medical Problems: _____
Current Medications: _____ Date of last tetanus booster: _____
Special concerns: _____

Parent or Guardian Signature Date