

Wabash Valley Girls Softball League Registration Form



Come Get Dirty in Our Backyard!



Personal Information:

Use a separate form for each player; please print clearly.

Last Name: _____ First Name: _____ MI _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ School: _____ Grade: _____

Birth Date: ____/____/____ Age: _____ Parent E-Mail: _____

Parent(s)/Guardian: _____ Cell Phone(s): _____

Player Information:

Is the player new to WVGSL? **Y / N** Please attach copy of birth certificate **Y / N** Sister? **Y / N**

Is the player moving up in division? **Y / N** *Age Division for this season: _____

Name of last season's Coach/Team: _____

Does the player wish to remain on the same team? **Y / N** Primary Positions Played: _____

Requested Coach (T-Ball, 8U and 10U ONLY): _____

To be filled out by a Board Member
DATE: _____
DIVISION: _____
NEW: Y / N
PITCHER: Y / N
CHECK #: _____
CASH: _____
Board Member: _____

Uniform Information:

Shirt Size

Sock Size

Youth: Small (6-8) Medium (10-12) Large (14-16)

Youth Intermediate Adult

Adult: Small Medium Large XLarge Interested in shorts for an additional charge? **Y / N** Size: _____



Registration Fees:

T-Ball Fee ----- \$35.00 _____

All Other Age Divisions ----- \$45.00 _____

Each additional player after the 1st player receives a \$5.00 discount ----- _____

ALL RETURNED CHECKS WILL BE CHARGED \$30.00

Subtotal: _____

Emergency Information:

I hereby authorize all coaches, managers, or officials of the WVGSL to provide medical treatment in case of an emergency or injury. I also agree to release, indemnify, hold harmless, and absolve WVGSL, their organizers, officers, and representatives of all legal responsibilities.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact: _____ Relationship to player: _____ Phone: _____