

RECREATIONAL SOFTBALL REGISTRATION FORM
Boulder Valley Girls Softball Association
Recreation Division

P.O. Box 20192, Boulder, CO 80308-3192 303-494-0911 Ext 1

Player's Name _____ Birth Date ____/____/____ Age Jan 1, 2011 ____
 Street Address _____ Subdivision _____
 City _____ Zip _____ School Attended _____ Grade Level ____
 Father's Name _____ Mother's Name _____
 Phone numbers: Home _____ Father's work _____ Mother's work _____
 Parent's Email Address(es): _____
 Place of Employment: Father _____ Mother _____
 Emergency Contact Person _____ Phone _____
 Number of years played _____ Last year's team & coach _____

T-Shirt Size (*Please circle one*): CHILD SIZE - small medium large x-large ADULT SIZE - small medium large x-large

TEAMS ARE FORMED BY THE SCHOOL ATTENDED OR GEOGRAPHIC LOCATION. IF THE PLAYER WOULD LIKE TO PLAY WITH A SPECIFIC INDIVIDUAL(S), WITH A COACH OR WITH A TEAM, PLEASE LIST BELOW. (WE WILL TRY TO PLACE EVERYONE ON THE TEAM THEY WANT TO BE ON, BUT CANNOT GUARANTEE TEAM PLACEMENT AFTER THE MARCH 29TH REGISTRATION DEADLINE.)

PARENTS, PLEASE COMPLETE THIS SECTION

For softball to be successful, a great deal of work must be done by volunteers. If your daughter participates, you are expected to support the program. Listed below are opportunities for you to help support your daughter's participation. Please circle the activities in which you would be willing to help.

COACH / ASSISTANT COACH (Age group: 5-8, 9-10, 11-12, 13-14, 15-18)
 UMPIRE (Age group desired _____) BOARD OF DIRECTORS
 TEAM MOTHER OR FATHER TEAM SPONSOR PLAYER SPONSOR \$

PARENTAL PERMISSION TO PLAY / WAIVER

- I, THE PARENT OR GUARDIAN OF THE ABOVE NAMED APPLICANT, GIVE APPROVAL TO MY CHILD'S PARTICIPATION IN ALL ACTIVITIES OF THE SOFTBALL PROGRAM. I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION INCLUDING TRANSPORTATION TO AND FROM ALL ACTIVITIES.
- I DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY, AND AGREE TO HOLD HARMLESS BOULDER VALLEY GIRLS SOFTBALL ASSOCIATION, INC., THE ORGANIZERS, COACHES, SPONSORS, OFFICIALS, SUPERVISORS, OTHER PARTICIPANTS, AND APPOINTED PERSONS TRANSPORTING MY CHILD TO OR FROM PROGRAM ACTIVITIES FOR ANY CLAIMS ARISING OUT OF INJURY TO MY CHILD INCIDENTAL TO SUCH PARTICIPATION, EXCEPT TO THE EXTENT AND AMOUNT COVERED BY ACCIDENT AND/OR LIABILITY INSURANCE HELD BY BOULDER VALLEY GIRLS SOFTBALL ASSOCIATION, INC.
- I FURTHER AGREE THAT IN MY ABSENCE, THE DESIGNATED LEAGUE OFFICERS, AND/OR TEAM COACHES SHALL HAVE AUTHORITY TO TAKE ACTION, AS DEEMED NECESSARY, TO PROVIDE OR RENDER IMMEDIATE MEDICAL ATTENTION TO THE ABOVE NAMED APPLICANT DUE TO SUDDEN ILLNESS OR INJURY INCIDENTAL TO, OR OCCURRING DURING HER PARTICIPATION.
- I AGREE TO PAY THE REGISTRATION FEE, TO ADHERE TO LEAGUE RULES, TO RETURN IN GOOD CONDITION ANY EQUIPMENT ISSUED TO MY CHILD, AND TO FURNISH, IF REQUESTED, A CERTIFICATE OF BIRTH FOR MY CHILD.

Parent's or Guardian's Name: _____

Parent's or Guardian's Signature: _____ Date: _____

Verified by League Agent: _____ Date: _____

TO BE PROPERLY REGISTERED YOU MUST RETURN THIS COMPLETED FORM WITH PARENT OR GUARDIAN SIGNATURE AND REGISTRATION FEE BY MARCH 29TH.

FEE SCHEDULE

- 5-8 YEAR OLD (Coach Pitch) \$78.00
- 9-10 YEAR OLD \$88.00
- 11-12 YEAR OLD \$94.00
- 13-14 YEAR OLD \$98.00
- 15-18 YEAR OLD \$98.00



APPLICATIONS POSTMARKED AFTER TUESDAY, MARCH 29TH, 2011, WILL ONLY BE ACCEPTED IF SPACE IS STILL AVAILABLE . . . ADD \$5.00 LATE REGISTRATION FEE. NO REFUNDS GIVEN AFTER FIRST SCHEDULED GAME.

Make checks payable to: BVGSA – REC DIVISION

Mail application and check to: BVGSA – REC DIVISION
 P.O. BOX 20192
 BOULDER CO 80308-3192

PLEASE FEEL FREE TO DUPLICATE THIS FORM AND PASS IT ON TO YOUR FRIENDS