

ARVADA GIRLS SOFTBALL ASSOCIATION
PO BOX 706
ARVADA.COLORADO 80001
arvadagirlssoftball.com

*******2019 REGISTRATION MAIL IN FORM*******

Mail to the above address; registration will not be final until \$199 fee is received

PLAYER INFORMATION

BIRTH DAY: _____

Last Name: _____ First Name: _____

Street Address _____ City: _____ Zip: _____

Years Playing?: _____ School Attending: _____ Grade: _____

JERSEY SIZE (please circle one): YOUTH; SM MED LRG ADULT: SM MED LRG XTRA LRG

JERSEY NUMBER: 1st Choice _____ 2nd Choice _____ 3rd Choice _____

PARENT/GUARDIAN INFORMATION:

Last Name: _____ First Name: _____

PHONE: _____ RELATIONSHIP: _____

EMAIL TO GIVE TO THE COACH: _____

Last Name: _____ First Name: _____

PHONE: _____ RELATIONSHIP: _____

PARENT PARTICIPATION INTEREST (Check all that apply): HEAD COACH, ASSISTANT COACH, TEAM MOM

EMERGENCY CONTACT INFORMATION (if parent/guardian is not available)

Last Name: _____ First Name: _____

PHONE: _____ RELATIONSHIP: _____

DOCTORS NAME AND CONTACT: _____

List any physical or medical limitations including allergies, medical, reactions to latex and First Aids items:

PREVIOUS AGSA PLAYERS:

Did you play with an AGSA team last year (circle one): YES NO

IF YES: What team did you play for: _____

INSURANCE WAIVER:

I understand that the ARVADA GIRLS SOFTBALL ASSOCIATION, INC. doe not provide accident or health insurance coverage for the player identified herein while participating in softball activities which includes practice, games and transportation to and from softball related events. I, the parent/guardian, take full responsibility for providing insurance coverage for individual identified on this registration form. Signature below indicates authorization by the parent/guardian to play softball, receive medical attention if injured, and relieves AGSA from any liability as a result of injury or death.

DATE: _____

PARENT OR LEGAL GUARDIAN SIGNATURE