WINTER BALL
PLAYER REGISTRATION FORM

Player-Last Name	First Name	Date of Birth
Street Address	City and ZIP	Age as of December 31(prior year)

Best Contact Phone Number	Email

How many years has the player played?	Does she Pitch?	Other positions played:

Does the player have any disabilities, present injuries or limitations, allergies, hemophilia, heart condition, history or respiratory illness or any other significant medical condition? If yes, describe:

Father/Guardian Name	Home/Cell Phone
Mother/Guardian Name	Home/Cell Phone

Jersey size-circle one: YS   YM   YL   AS   AM   AL   AXL   AXXL   T-shirt size:

Parent/Guardian Must Volunteer for at least one!

Manager _____   Assistant Coach _____   Team Parent _____   Field Maintenance _____

Scorekeeping _____   _____   _____

$150.00 Sponsor mandatory for each team _____ initials

WAIVER OF LIABILITY AND DISCLAIMER

To induce Chino Girls Fastpitch (CGF) to accept registration and permit participation in CGF by the named individual, I and parent/guardian of said individual, hereby give my consent and agree to release, idemnify and hold harmless CGF its officials, coaches and representatives, from any claim arising out of injury to the named individual. I also hold harmless CGF, its officials, coaches and representatives from any claim arising out of injuries or conditions caused or aggravated by my refusal to obtain available medical treatment based on religious or philosophical beliefs or otherwise.

ACKNOWLEDGEMENT AND CONSENT

For both internal and external use, I acknowledge that CGF may compile address and mailing labels and may utilize softball photographs of the named individual. I consent to such uses and hereby waive all rights to compensation.

EMERGENCY AUTHORIZATION

I, the undersigned parent or legal guardian of the participant, a minor, hereby authorize the coaches, assistant coaches, or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as my Agents, to consent to medical, surgical or dental examination and/or treatment in case of emergency. I hereby authorize treatment and/or care at any hospital. If there is an emergency and I cannot be reached, please contact the person named below, who is hereby also authorized to act on my behalf

EMERGENCY CONTACT

Name	Phone #:

X _____

Signature of Parent or Guardian   Date

CGF Use Only

_____ Birth Cert

_____ Age on cut off

_____ Verified By

_____ Code of Conduct

Receipt _____   Total/How Paid _____

Division: Division is determined by the player's age on Dec. 31.
☐ 6U (4-6)   ☐ 12U (11 & 12)
☐ 8U (7 & 8)   ☐ HS (13-18)
☐ 10U (9 & 10)

Registration Fees	
6U, 8U, 10U, 12U, HS	
Multiple Child Discount -$10.00	
Other	
TOTAL	