



# ELK GROVE GIRLS SOFTBALL LEAGUE REGISTRATION FORM

PO Box 2388, Elk Grove, CA 95624  
(916) 714-3399 www.elkgrovesoftball.com

League Use

Points:

- Spring Season  
 Winter Season

### PLAYER INFORMATION

First Name:		Last Name:	
Address:		Email:	
City:	State:	Zip Code:	
Date of Birth:	Age on Dec 31st:	School:	
Returning Player? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Team Played On:		
How Did You Hear About The League? <input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Friend <input type="checkbox"/> Returning Player <input type="checkbox"/> Referred			

### PARENT/GUARDIAN INFORMATION

Father/Guardian:		Mother/Guardian:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Phone:	Cell:	Phone:	Cell:
Email:		Email:	

### EMERGENCY CONTACT INFORMATION

Name:	Relationship:
Home Phone:	Cell/Work Phone:

### LEAGUE INFORMATION

Little Ladies T-Ball (4½-6)    
  Rookies 8U (7-8)    
  Mini Minors 10U (9-10)    
  Minors 12U (11-12)    
  Majors 14U (13-14)    
  Majors 16U (15-16)

Currently registered with an ASA Team?  If yes, please write Player's ASA number: \_\_\_\_\_

Years Softball Experience					Pitching Experience			PITCHING	
	Spring	Winter	ASA	All-Star	Spring	Winter	ASA		
T-Ball			<input type="checkbox"/> CSD <input type="checkbox"/> EGGSL					Pitching Total Years: _____	
8U								Attended Pitching School or Personal Instruction: <input type="checkbox"/> Yes <input type="checkbox"/> No	
10U								Years with Instructor: _____	
12U								SHIRT SIZE	
14U								Youth Size <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	
16U								Adult Size <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	
TOTAL									

MEDICAL LIABILITY RELEASE	SHORT SIZE											
<p>I <input type="checkbox"/> GIVE / <input type="checkbox"/> DO NOT GIVE permission for my daughter to be admitted to any hospital or to be treated by a physician for injury incurred while playing, being transported to or from, or as a spectator at activities of the Elk Grove Girls Softball League ("EGGSL"). The EGGSL accepts no liability for transportation, personal safety of players, spectators or officials of games or practices. Transportation to and from games is the parents and/or guardian's responsibility.</p> <p>Health Insurance Carrier: _____</p> <p>Policy #: _____</p> <p>Signature: _____</p> <p><input type="checkbox"/> Medical Info Needed (for coach use only)</p>	<p>Youth Size <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L</p> <p>Adult Size <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL</p> <tr style="background-color: #000080; color: white;"> <th colspan="2" style="text-align: center;">VOLUNTEER INFO</th> </tr> <tr> <td style="vertical-align: top;"> <p><input type="checkbox"/> Manager     <input type="checkbox"/> Assistant Coach     <input type="checkbox"/> Team Parent</p> <p><input type="checkbox"/> Scorekeeper     <input type="checkbox"/> Board Member     <input type="checkbox"/> Umpire</p> <p><input type="checkbox"/> Sponsor     <input type="checkbox"/> Opening Day Committee</p> <tr style="background-color: #000080; color: white;"> <th colspan="2" style="text-align: center;">SPONSOR A TEAM?</th> </tr> <tr> <td colspan="2">Sponsor Name: _____</td> </tr> <tr> <td colspan="2">Contact Person: _____</td> </tr> <tr> <td colspan="2">Phone: _____</td> </tr> </td></tr>	VOLUNTEER INFO		<p><input type="checkbox"/> Manager     <input type="checkbox"/> Assistant Coach     <input type="checkbox"/> Team Parent</p> <p><input type="checkbox"/> Scorekeeper     <input type="checkbox"/> Board Member     <input type="checkbox"/> Umpire</p> <p><input type="checkbox"/> Sponsor     <input type="checkbox"/> Opening Day Committee</p> <tr style="background-color: #000080; color: white;"> <th colspan="2" style="text-align: center;">SPONSOR A TEAM?</th> </tr> <tr> <td colspan="2">Sponsor Name: _____</td> </tr> <tr> <td colspan="2">Contact Person: _____</td> </tr> <tr> <td colspan="2">Phone: _____</td> </tr>	SPONSOR A TEAM?		Sponsor Name: _____		Contact Person: _____		Phone: _____	
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Sponsor Name: _____												
Contact Person: _____												
Phone: _____												

### EGGSL BOARD USE ONLY

BC: <input type="checkbox"/> Verified _____ <input type="checkbox"/> Need Verification _____ <input type="checkbox"/> Number of Siblings: _____ Divisions: _____
Registration: <input type="checkbox"/> HS <input type="checkbox"/> On-line Ref. # _____ <input type="checkbox"/> Walk-In \$ _____ - SD _____ = \$ _____
Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> CC _____ Date: _____ Received By: _____