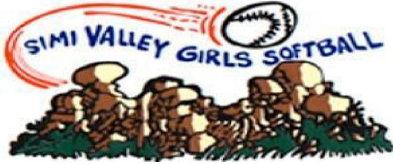


PLEASE PRINT HARD USING A BALL-POINT PEN

 <p><b>Simi Valley Girls Softball</b>  P.O. Box 1111  Simi Valley, CA 93062  www.simivalleygirlsoftball.org</p>			League Use Only      Tryout # Payment:    ___ Registration    ___ Players Clinic Amount _____ Check # _____ Cash _____	
Players Last Name      First Name		Telephone	Medical Information: My Medical Insurance Carrier is: <input type="checkbox"/> No Insurance	
Mailing Address		Date Of Birth mm/dd/yy	Does this child have any handicaps, disabilities, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition: <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please state problems below:	
City	State	Zip		
Years Of Softball experience	Grade	School	What division are you registering for?	Date of last tetanus shot ____ / ____ / ____ If you wish a family doctor contacted in an emergency Name: Phone No:
Uniform Shirt: Youth: S M L XL      Adult: S M L XL				
Uniform Short: Youth: S M L XL      Adult: S M L XL				
<b>PARENT CONTACT AND VOLUNTEER INFORMATION</b>				
Father Or Guardian		Tel:		
Address				
Employer		Tel:		
Emergency Authorization: I, the undersigned parent or legal guardian of the participant, a minor, hereby authorize the 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 or care at any hospital. If there is any emergency and I cannot be reached, please contact; Name: _____ Phone _____				
I Will    Manage _____    Coach _____    Years Experience _____				
Mother Or Guardian		Tel:		
Address				
Employer		Tel:		
Waiver of Liability and Disclaimer To induce the Simi Valley Girls Softball (SVGS) to accept registration and permit participation in SVGS by the named individual, I the parent or guardian of said individual, hereby give my consent and agree to release, indemnify and hold harmless, SVGS, it's officials, coaches and representative, from any claim out of injuries or conditions caused by or aggravated by my refusal to obtain available medical treatment based on religious or philosophical beliefs or otherwise.				
I Will    Manage _____    Coach _____    Years Experience _____				
E-mail Address:		Signature of parent or guardian      Date		
Are you interested in being a team parent or taking a Board position?				

I acknowledge that I shall abide by the League Rules and Bylaws (as posted on the website), and that I shall participate in fund raisers, field maintenance, snack bar duty and team parent meetings. \_\_\_\_\_ (Initials)

Simi Valley Girls Softball has permission to use my child's photo in conjunction with the league's homepage on the World Wide Web

Yes \_\_\_\_\_ No \_\_\_\_\_ (Initial appropriate area)

**Please Return Both Copies Of This Form!**