

SGSL PLAYER REGISTRATION FORM – 2018 SEASON

Player's Name: _____ Email: _____

Home Phone #: _____ Cell Phone #s: _____

Address: _____ Zip: _____

Date of Birth: ____/____/____ Age Today: _____ Age On **JAN. 1, 2018** _____

Did you play last year? NO ____ YES ____ IF YES; Name of Coach _____

PLEASE PRINT: Mother's Name _____ Father's Name _____

PARENTS: Please indicate your interest in participating in our program by circling all that apply below:

MOTHER: Managing Coaching Helping **FATHER:** Managing Coaching Helping

* The League always needs managers, coaching help, team moms or parents willing to help in supporting roles.

Please note: background checks are mandatory.



Does this player have any medical problems that we should be aware of?

NO ____ YES, ____ explain _____



Does this player have any other activities that might conflict with games/practices? _____

Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____ Sat ____

(Please provide details on the reverse side.)

Uniform Shirt size: YM ____ YL ____ AS ____ AM ____ AL ____ AXL ____

I hereby give my daughter permission to participate in the Smithfield Girls Softball League. I understand that the league will not be responsible for lost or broken personal effects. In accordance with Section 7 - 6 - 21 of the Rhode Island General Laws entitled "Exemption from Liability to Participants in Sponsored Athletic or Sports Events." I hereby waive any liability that the Smithfield Girls Softball League, its officers, directors, trustees, agents, servants, volunteers and employees shall not be liable for any bodily injury to the participating girl incurred while such participant is practicing for, or participating in, any contest or exhibition of an athletic or sports nature sponsored by the Smithfield Girls Softball League and hereby assume the risk of any bodily injury to such participating in any contest or exhibition of an athletic or sports nature sponsored by the Smithfield Girls Softball League. I agree to abide by the SGSL Zero Tolerance policy. The undersigned parent or guardian also gives SGSL permission to post photos of the above player on the league website and Facebook page. The SGSL Board stipulates that no individual player names will accompany any photos that we post in these two areas unless it has received specific permission.

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE _____

LEAGUE WITNESS: _____ FEE PAID _____ DATE _____

REGISTRATION FEE: Early rate: \$95.00 per child, maximum \$155 per family through **March 15, 2018.**
After March 15, 2018, \$115 per child with a maximum \$175 per family.

Financial hardship grants are available by contacting League Player Agent John Tourgee at jtourgee@2@gmail.com

Make checks payable to: **S.G.S.L.**

Mail registration form to: **SGSL P.O. Box 17393, Smithfield, RI 02917**

Check out our website: www.smithfieldgirlssoftball.com



LOOK FOR US ON FACEBOOK!!!

