

**NORTHERN CONNECTICUT GIRLS SOFTBALL LEAGUE**  
**2015 PLAYER REGISTRATION**

Players Name: \_\_\_\_\_ Team: \_\_\_\_\_

Address: \_\_\_\_\_  
(Physical – Street, City and Zip Code)

\_\_\_\_\_  
Email Address

Emergency Contacts – other than Parents

1. \_\_\_\_\_ Phone #: \_\_\_\_\_

2. \_\_\_\_\_ Phone#: \_\_\_\_\_

Hospital of Choice – in the event of an emergency: \_\_\_\_\_

Player's Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Does the player have any allergies? No \_\_\_ Yes \_\_\_ If YES, what type? \_\_\_\_\_

Please list any other conditions the player's coach should know about: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WAIVER AGREEMENT – SIGN BELOW: I hereby certify that the above information is correct to the best of my knowledge. I am fully aware of the risk inherent to participating in the Northern Connecticut Girls' Softball League (NCGSL) and hereby give my consent for the above named applicant to participate in NCGSL and release NCGSL and its directors, coaches and member towns from any and all liability from injuries , claims or damages which may be sustained by my minor children or me on account of participation in NCGSL games and events.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

SIGN BELOW: I hereby give permission for the team coaching staff to authorize emergency medical treatment in the event that the parent(s)/guardian(s) cannot be reached.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

SIGN BELOW: I hereby \_\_\_do/\_\_\_ do not (check one) give permission to have pictures, other than team photos, of my daughter posted on the league website([www.ncgsl.org](http://www.ncgsl.org)) and the Team XTREME Facebook page

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_