

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) and the Team XTREME Facebook page

Signature of Parent/Guardian: _____ Date: _____