

2005 DOVER GIRLS SOFTBALL LEAGUE REGISTRATION FORM

INSTRUCTIONS: 1) Complete one registration per child. 2) Fill in all blanks. 3) Please print clearly.
 4) Make checks out to Dover Girls Softball \$30 per child 5) Mail to: **DSG 125 E. Broadway Dover, Ohio 44622**
 or bring to **Memorial Hall Tuesday Feb 22nd from 5-7pm or Saturday Feb 26th 9am – 12 noon**
 Questions please call 330-343-1513 or 330-343-6011 Hardship cases will be considered

PLAYER:

First Name: _____

Last Name: _____

Date of Birth: _____ Age as of Jan 1st: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

Doctor Name: _____

Doctor Phone: _____

Allergies: Please be specific _____

List any medical condition(s) the coach should be aware of:

Division: Coach Pitch 10U 12U 14U
(8 & Under)

Is this your first year in Dover Girl's Softball? Y or N
 If no, what team did you play for last year? _____

Do you play on any other teams (travel ball, high school) Y or N
 Team Name: _____

T-Shirt size:

Youth S	Youth M	Youth L	
Adult S	Adult M	Adult L	Adult XL

PARENTS/GUARDIANS:
 Include address/phone only if different than child

Father/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Mother/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

VOLUNTEER LIST: Check area(s) in which you would be willing to help.

- Head Coach. Which division? _____
- Assistant Coach. Which division? _____
- Recruit Sponsors.
- Organize Team T-shirts.
- Coordinate Fundraiser.
- Assist with Fundraiser.

COMMENTS BOX

Other Children from Family in League:

Name _____ Team _____

Name _____ Team _____

Name _____ Team _____

Amount: \$ _____

Cash Check Check No. _____

IMPORTANT

PARTICIPATION WAIVER

I hereby give my approval for my child to participate in all the activities of the Dover Girls Softball. I assume all risks and hazards incidental to the conduct of these activities and waive the right to claims against Dover Local Schools, the city of Dover, the Dover Park & Recreation, the Dover Girls Softball Association, and its coaches, sponsors, and officials, so long as they function in a reasonable manner.

Parent/Guardian Signature _____ Date _____

CONSENT FOR MEDICAL TREATMENT

In the event reasonable attempts to contact me, other parent, or guardian have been unsuccessful, I hereby give my consent for coaches or officials to use their own judgment in securing medical aid and ambulance service.

Parent/Guardian Signature _____ Date _____