

(Please Print Legibly and Use One Form for Each Player)

Player's Information

Child's Full Name: _____

Address: _____

Home Phone: _____

Family Email Address: _____

Birth Date: _____

Circle Grade (in season playing): K 1 2 3 4 5 6 7 8 High School

Parent/Guardian's Information

Father's name: _____

Cell Phone: _____

Mother's name: _____

Emergency Information

Name of local friend or relative (not living at the same address): _____

Relationship to player _____ Home Phone: (_) ____ - ____ Cell Phone: (_)

Doctor: _____ Telephone: (_) _____ - _____

Please specify any health concerns, medical problems, or prohibitions the player has:

Uniforms

Shirt Size: (Circle One)

Youth Small Youth Medium Youth
Large Adult Sm Adult Med Adult Lg
Adult XL

Pant/Short Size: (Circle One)

Youth Small Youth Medium Youth
Large Adult Sm Adult Med Adult Lg
Adult XL

Sock Size: (Circle One)

Child 4-6 Youth 7-9 Adult 10-13

Fees: Please make all checks payable to Branchville/Frankford Girls Softball.

Refunds will not be provided unless the BF Girls Softball is unable to place a registrant on a team.

Registrants are responsible for all bank fees assessed against the BF Girls Softball for checks returned unpaid.

Fees: \$50 for 1st child; \$20 each additional child

Total Enclosed:

Cash Amount \$ _

Check Amount \$

Check Number

Please state any special requests for placement here (e.g. coach, with another player, etc). We will do our best to accommodate your request but be advised that there are no guarantees.

Parental Support

We ask for active participation of all parents in our program. Please check area(s) in which you are willing to help.

Coach Field Preparation
Assistant Coach Fundraising

Permission Liability/Waiver Information

I, the parent or guardian of the registrant, a minor, hereby certifies that my child is in good health and has my permission to participate in girl's softball or t-ball. I also give my permission for my daughter, in the event of an accident/illness/injury/etc., and I/we cannot be contacted, to be given medical treatment by a qualified doctor, emergency responder, and/or emergency room. Furthermore, unless my written statement to the contrary is filed with the Branchville-Frankford Girls Softball, all participants (including players, parents, relatives, friends, coaches, coordinators and league organizers and executives) give implicit permission and authorization to the Branchville-Frankford Girls Softball to use any still photo, video and name for promotional and communication purposes. By granting permission, participants release any and all claims for damages for libel, slander or invasion of privacy. I agree that the player and I will abide by the rules of the Branchville-Frankford Girls Softball organization, its governing bodies, the Branchville-Frankford Girls Softball Code of Conduct, and general practices of good sportsmanship. I acknowledge receipt of a copy of the Branchville-Frankford Girls Softball Code of Conduct.

Parent/Guardian
Signature

Date