

Richfield Girls Softball Association Registration 2 _____

PLAYER'S NAME: _____ D.O.B. ____/____/____
PLEASE PRINT (LAST) (FIRST) (MI)

ADDRESS: _____ PHONE: _____

CURRENT GRADE: _____ E-MAIL: _____ CELL PHONE: _____
PARENT/GUARDIAN PARENT/GUARDIAN

PARENT/GUARDIAN'S NAME: _____

I, the undersigned parent/guardian of the above player, agree to assume all risks and hazards incidental to such participation, including transportation to and from all activities. I agree to waive, release, absolve, indemnify, and hold harmless the Richfield Girls Softball Association, its sponsors, supervisors, participants, and any persons transporting my child. I agree that any accident incurred by my child while participating in the program will be covered by my own insurance. I agree to return any equipment issued to my child in as good condition as when it was received, except for normal wear. If I fail to return said equipment, I agree to reimburse the league \$75 to cover its replacement. I agree to furnish a certified birth certificate to the league upon request of league officials (for state or other tournament play). I agree that if my child quits for any reason after the first regularly scheduled game, I forfeit my registration fee.

PLAYING RULES:

Any player representing the Richfield Girls Softball Association may not use tobacco, alcohol, or drugs at or around the playing fields, at local or out of town tournaments, or at any league sponsored activity in or out of town. Nor may they violate RGSA by-laws regarding abusive language and physical contact toward any coach, umpire, league or tournament official, or player on their own or an opposing team.

CONSEQUENCES:

First Offense: Parents will be notified to take the player home, and said player will be suspended for the next 3 league games.

Second Offense: The player will be suspended for the rest of the season, lose eligibility to play on any traveling or tournament teams, and will forfeit all trophies or plaques to be given to said player (all offenses will be brought to the leagues attention)

I/We agree to abide by these playing rules of the league.

Player: _____ Parent/Guardian: _____
SIGNATURE

RGSA publishes photographs of teams and players on its website (<http://richfieldsoftball.org>) for fun and promotional purposes.

Does RGSA have your permission to publish your child's photo? Yes No (if left blank, YES will be assumed)

Any Medical Problems? Yes No

If yes, please explain: _____

I/We (_____) would be interested in helping with:

Coaching Asst. Coaching Concession Stand Team Parent Board of Directors Member

LEAGUE:

T-Ball (Pre-K to 1st grade) Majors (2nd & 3rd grade)

Intermediates (4th & 5th grade) Middle School (6th through 8th grade)

High School (9th through 12th grade)

Paid by: Cash Check

Amount: _____ Check No: _____

TO REGISTER BY MAIL, SEND TO:
Richfield Girls Softball Association
P. O. Box 23091
Richfield, MN 55423-0091

Pre-K through 5th grade players may request to play on a team with another player or coach. Requests are **NOT GUARANTEED**, but will be accommodated when possible.

My child would like to play with _____