

# Richfield Girls Softball Association Registration 200\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_  
PLEASE PRINT (LAST) (FIRST)

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

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CURRENT GRADE: \_\_\_\_\_ E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
PARENT/GUARDIAN PARENT/GUARDIAN

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, it's 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 and the amount not covered will be paid by the Association's carrier, but only to the policy limits. I agree to return the uniform and 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 for it's \$75.00 value. I agree to furnish a certified birth certificate to the league upon request of league officials (for state tournament play). I agree that if my child quits for any reason after the first regularly scheduled game, I forfeit my registration fee.

## PLAYING RULE:

Any player representing the Richfield Girls Softball Association may not use illegal substances (tobacco, alcohol, 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.

## 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 state tournament or all star teams, and will forfeit all trophies or plaques to be given to said player (all offenses will be brought to the leagues attention).

**I agree to abide by these player rules of the league.**

Player: \_\_\_\_\_ Parent / guardian: \_\_\_\_\_  
SIGNATURE

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 1<sup>st</sup> grade) Majors  (2<sup>nd</sup> & 3<sup>rd</sup> grade)

Intermediates  (4<sup>th</sup> & 5<sup>th</sup> grade) Middle School  (6<sup>th</sup> through 8<sup>th</sup> grade)

High School  (9<sup>th</sup> through 12<sup>th</sup> grade)

Paid by:  Cash  Check

Amount: \_\_\_\_\_ Check No: \_\_\_\_\_