

**Highland Girls Softball      Registration Form**

**PLEASE PRINT**

\*Make all checks payable to HGS \* P.O. Box 1706 \* Highland, IN 46322

Child's Last Name : \_\_\_\_\_

Child's DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Child's First Name: \_\_\_\_\_

Age on January 1<sup>st</sup> this year \_\_\_\_\_

Street: \_\_\_\_\_

School: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Dad's Name: \_\_\_\_\_

Dad's Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Mom's Name: \_\_\_\_\_

Mom's Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail: \_\_\_\_\_ All HGS information will be sent to by league, managers, and coaches

Did you play for HGS last year? \_\_\_\_\_ Yes \_\_\_\_\_ No      Last Year's Manager \_\_\_\_\_

Do you currently play for a travel team? \_\_\_\_\_ Yes \_\_\_\_\_ No      Pitching Experience \_\_\_\_\_ Yes \_\_\_\_\_ No      Yrs \_\_\_\_\_

**\*\*\*Age Divisions based on age as of Jan. 1<sup>st</sup> this year\*\*\***      Catching Experience \_\_\_\_\_ Yes \_\_\_\_\_ No      Yrs \_\_\_\_\_

**DIVISION:** U8 \_\_\_\_\_ (Age 5-8)    U10 \_\_\_\_\_ (Age 9-10)    U12 \_\_\_\_\_ (Age 11-12)    U14 \_\_\_\_\_ (Age 13-14)    U18 \_\_\_\_\_ (Age 15-18)

**PARENT VOLUNTEER :** (M/ Mother or F/Father) \_\_\_\_\_ Manager \_\_\_\_\_ Coach      \*Back Ground Check Required Fill Out Form\*

Uniform    Shorts, Shirts, and Socks included in registration fee. Pants may be purchased online or elsewhere if needed

Shirt Size      YS    YM    YL    AS    AM    AL    AXL    AXXL

Short Size      YXS    YS    YM    YL    YXL    AS    AM    AL    AXL    AXXL

Socks      Youth    Adult      \*Shorts, Pants, & Socks may be purchased elsewhere if needed\*

**\*\*Parents are responsible for any incorrect sizes\*\***

**\*\*Fees may apply for re-orders\*\***

I, the parent/ guardian, of the above named girl, hereby give my approval for her participation in any HGS. activities, during the current season. I assume all the risks and hazards incidental to such participation, including transportation to and from the activities; and I do hereby wave, release, absolve, indemnify, and agree to hold harmless, the HGS. officers, coaches, organizers, sponsors, supervisors, participants, and volunteers, from any claim arising out of any injury to my daughter, except to the extent and in the amount covered by the provided accident and liability insurances. The HGS accident insurance coverage is a pro-rata plan whereby benefits will be paid on a pro-rata basis with respect to any personal insurance, after a deductible amount is satisfied. Also, in the event I cannot be reached, I hereby give consent to the attending coaches, umpires, or HGS representatives to secure and/or administer emergency medical aid and obtain ambulance services if necessary.

Parent/guardian signature) \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Emergency Contact \_\_\_\_\_ (name) Phone( \_\_\_\_\_ ) \_\_\_\_\_

**Picture Disclosure** (parent/guardian signature for child to appear on FB/ website) \_\_\_\_\_

Registration Fee = \$ \_\_\_\_\_ + Raffle Tickets = \$ \_\_\_\_\_ = Total \$ \_\_\_\_\_

Verified by \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Check # \_\_\_\_\_  
(initials)