



Hollidaysburg Area Girls Softball League, Inc.



2017 Player Registration Form

Name	
Date of Birth	
Age	
Address	
City, State & Zip code	
Cell Phone #	
E-Mail Address	
School	
Age (as of 12/31/16)	

Division Break Down

8u Division (5-8) 10u Division (9-10) 12u Division (11-12) 14u Division (13-14) 18u Division (15-18)

- **Key Note:** 18u Division participates in the Altoona Keystone League

Did your daughter play last year? Yes No League & Team: _____

• Coach's Name: _____ Contact #: _____

Preferred position: _____ Other positions played: _____

Pitching experience? Yes No Are you taking lessons? Yes No Who with? _____

Specify any sister or stepsister who participated in other divisions last year:

Name: _____ Division: _____ Team: _____

Name: _____ Division: _____ Team: _____

Do you want your daughter to be put on a call-up list to play in an upper division (if needed)? Yes No

Do you want to be contacted about your daughter playing travel softball (8U & 10U only)? Yes No

Shirt Size: Youth Small Youth Medium Youth Large Youth Extra Large

Adult Small Adult Medium Adult Large Adult Extra Large

Pant Size: Small Medium Large X Large 2X

Parents and/or Legal Guardians

Because the concession stand provides a large portion of the league's operating funds, coaches will be assigning parents to work concession throughout the season to ensure the concession stand remains open during games. Parents are obligated to work these assigned times or find a replacement. Parents who fail to satisfy their concession stand obligation will cause their daughter to be ineligible for one or more games at the respective commissioner's discretion. The board will be organizing a concession stand schedule for all teams involved in the league. Teams will NOT be scheduled during their daughter's games.

Mother/Guardian Name: _____



I will volunteer to help with the following:

Coaching Team Mom Concession Stand Fund Raising Score Keeper

Father/Guardian Name: _____



I will volunteer to help with the following:

Coaching Field Maintenance Concession Stand Grass Cutting Fund Raising

Please return application and participation fee by 2/28/17 to:

HAGS, Inc.
c/o Jim Hilling
2144 West Loop Road
Hollidaysburg, PA 16648



Registration Fees



Participant League Fee: \$100.00 per participant and 10 raffle tickets.

(\$50.00 each additional child and 5 raffle tickets)

Parents return raffle ticket stubs but keep the money received from ticket sales.

Net cost to parents after ticket sales: \$50

(Checks payable to HAGS, Inc.)

Total # of Children: _____

Total Cost: _____

Paid:



Insurance & Medical Information



Medical Insurance Carrier Name: _____

Does your child have any disabilities, handicaps, present injuries and/or limitations (ex. asthma, hemophilia, heart condition, history of respiratory illness and/or any other significant medical issues)? Yes No

If yes please explain: _____



Emergency Authorization



I the parent and/or legal guardian of the participant, a minor, hereby authorize the coaches, assistant coaches as my agents to consent to medical, surgical, dental examination and/or treatment in my absence. In case of an emergency I hereby authorize treatment and/or care at any hospital. If there is an emergency and I cannot be reached, please contact the person named below who is authorized to act on my behalf.

Emergency Contact (print name)	
Address of Contact	
Phone #	
Parents/ Legal Guardian Signature	

Waiver of Liability & Disclaimer

I the parent and/or guardian of _____, acknowledge that the participation in athletic events necessarily involves risk of physical injury. I further acknowledge that parents who volunteer their time rather than paid professionals administer the program of Hollidaysburg Area Girls Softball, Inc. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in its program hereby release, discharge and hold harmless HAGS, Inc., its volunteers and representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in HAGS, Inc. sponsored events, including any physical injury by negligence of any official, umpire or coach while performing his/her duties during any practice and/or games. I further agree to comply with the rules of the league est. by the HAGS, Inc. and will not interfere with managers, coaches and/or umpires in and during games. I acknowledge that HAGS, Inc. may compile address and mailing list and may utilize softball photographs of named individual. I consent to such uses and hereby waive all rights to compensation.

Parents and/or Legal Guardian: _____

Date: _____

(Signature)

Parents Please Complete for League Treasure

Applicant Name: _____

D.O.B: _____

Applicant Address: _____