



Niskayuna Girls Recreational Softball

2010 RECREATIONAL SOFTBALL REGISTRATION FORM

Player's Name _____ D.O.B. _____
Parent's
Name(s) _____
Address _____ Grade _____
Zip _____ Phone _____ School _____
Cell # _____ E-mail _____
Shirt Size: (Child) M L (Adult) S M L XL
Name one friend to be placed on same team: _____
Health Insurance Carrier: _____
Doctor: _____ Hospital: _____ Special
Medical Conditions or Instructions: _____

Participation by family members is appreciated. A training clinic is being planned to develop coaching skills for parents. Please check the activity that you can assist with:

Manage **Board Member** **Sponsor**

For any questions about these activities please see a League Representative at registration. My daughter, _____, has permission to play in the Niskayuna Girls Recreational Softball League. I understand that there is an inherent danger in all physical activities. In the event of emergency the team manager or coach has my permission to arrange for any needed medical treatment. I understand that the league does NOT carry medical insurance and that I will be responsible for any of my daughter's medical expenses. I also agree to help the manager with league activities. The Niskayuna Girls Softball League and its activities are not a part of, nor is it endorsed by, the Niskayuna Central School District.

Signed: _____ Date: _____

Check No.: _____ Amount: _____