



Hilliard Girl's Softball Association

P. O. Box 707
Hilliard Ohio 43026



2012 PLAYER APPLICATION

Player & Parent Information

Player Name: _____ **Date of Birth:** _____
Last First MM/DD/YYYY

Address: _____
House/Apt # Street City State ZIP

Phone No: Home () Mom's Cell () Dad's Cell ()
Please " [x] " Your Preference for Use

Parent Names: _____ **Email:** _____

School Attended in 2010-2011: _____

Any player health/physical limitations and/or allergies?..... Yes No

If YES please explain: _____

NOTE: Players are required to participate in their designated age-group.

- Intramural Leagues:**
- Minors (\$80) Ages 5 & 6 (Born 2005-2006)
 - U8 (\$80) Ages 7 & 8 (Born 2003-2004)
 - U10 (\$90) Ages 9 & 10 * Age turned on their **2011** birthday (Born 2001-2002)
 - U12 (\$90) Ages 11 & 12 (Born 1999-2000)
 - Majors (\$90) Ages 13 - 18 (Born 1993-1998)

Parent Involvement

HGSA is an all volunteer organization and we welcome your involvement. For more information or to contact the board of directors, please visit our website at www.hilliardgirlssoftball.com

If you are interested in coaching a team we encourage you complete and submit a coaching application. Please see the website for details.

I, THE PARENT/GUARDIAN OF THE ABOVE NAMED CHILD, WHO WANTS TO PARTICIPATE IN THE HILLIARD GIRLS SOFTBALL ASSOCIATION PROGRAM, HEREBY GIVE MY APPROVAL TO THIS PARTICIPATION IN ANY AND ALL ACTIVITIES OF THE HGSA PROGRAM DURING THE 2011 SEASON. I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE CONDUCT OF THE ACTIVITIES AND TRANSPORTATION TO AND FROM THESE ACTIVITIES. I FURTHER HEREBY RELEASE, ABSOLVE AND HOLD HARMLESS THE HGSA, THE ORGANIZERS, SUPERVISORS, SPONSORS, ANY AND ALL OF THEM. IN THE EVENT OF INJURY TO MY CHILD, I HEREBY WAIVE ALL CLAIMS AGAINST THE ORGANIZERS OR ANY OF THE SUPERVISORS APPOINTED BY THEM. I LIKewise RELEASE FROM RESPONSIBILITY ANY PERSON TRANSPORTING MY CHILD TO AND FROM THE ACTIVITIES. IN THE EVENT MY CHILD IS INJURED DURING A PRACTICE OR A GAME AND I AM NOT IN ATTENDANCE, I GIVE MY PERMISSION FOR MEDICAL TREATMENT TO BE ADMINISTERED AND/OR TRANSPORTATION OF MY CHILD TO A MEDICAL FACILITY FOR TREATMENT. I ALSO GIVE PERMISSION FOR MY CHILD'S PICTURE TO BE TAKEN DURING GAMES AND UNDERSTAND THAT THESE PICTURES MAY BE USED FOR PUBLICITY PURPOSES. I FURTHER UNDERSTAND THAT THERE ARE NO REFUNDS OF SIGN-UP FEES. **NO SPECIAL REQUESTS WILL BE HONORED.** I AGREE TO READ AND ABIDE BY THE PARENTS AND PLAYERS RULES, EXPECTATIONS, AND GUIDELINES AS SET FORTH BY THE HILLIARD GIRLS SOFTBALL ASSOCIATION.

Signature: _____ **Date:** _____

All paper applications must be postmarked by 2/11 to be accepted. Online registration will remain open until 2/29.

Please make checks payable to "HGSA" and mail to:

HGSA, PO Box 707, Hilliard OH 43026

www.hilliardgirlssoftball.com

↓ FOR BOARD USE ONLY ↓

Paid Amount Received: _____ Check #: _____