



2012 PLAYERS REGISTRATION
TRAVEL APPLICATION
SHIRT SIZE _____ SHORT SIZE _____

PLEASE PRINT OR TYPE

Form boxes for Last Name, First Name, and DOB (Month, Day, Year)

Last Name First Name DOB: Month Day Year

Form boxes for Street Address, City, State, and Zip Code

Street Address City State Zip Code

Form boxes for Parent's Names and E-Mail Address

Parent's Names E-Mail Address

Form boxes for Home Phone Number, Mom's Cell or Work Number, and Dad's Cell or Work Number

Home Phone Number Mom's Cell or Work Number Dad's Cell or Work Number

Form boxes for School Attending currently and next year, and Health/Physical Limitations?

School Attending currently and next year Health/Physical Limitations? Y or N - if yes, specify. Blank indicates none

Travel Ball (HGTC & FLYTE)?

(Players age calendar year 2011)

U-16 (Birth Year 1996 & 1995)

U-14 (Birth Year 1998&1997)

U-12 (Birth Year 2000 &1999)

U-10 (Birth Year 2002 & 2001)

Travel : Flyte Fee: \$325 HGTC Fee: \$225
Please circle the appropriate age group, this does not determine team placement.
Flyte: U-18 U-16 U-14 U-12
HGTC: U-10 U-12

Payment: Due to HGSA by November 15, 2011

Make checks payable and mail to: HGSA, P.O. Box 707, Hilliard, OH 43026 (include name and team on check)

YOU MUST PARTICIPATE IN TRY OUTS FOR THE HGTC AND FLYTE TEAMS

** You must be a resident of the Hilliard City School District to tryout for HGTC or Flyte **

** PARENTS: HGSA is an all-volunteer organization and we welcome you to become involved.

If you are interested in being a Coach or Assistant Coach you must complete a Coaching Application - please complete an application online at www.hilliardgirlsoftball.com. Application does not guarantee you a coaching position.

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 2012 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 agree to read and abide by the Parents and Players Rules, Expectations, and Guidelines as set forth by the Hilliard Girls Softball Association.

Parent Signature: _____ Date: _____