



PEARLAND GIRLS SOFTBALL ASSOCIATION
2012 SPRING REGISTRATION



LAST NAME		FIRST NAME		MIDDLE NAME							
Street Address:											
City:		State:		Zip:							
Primary Phone:											
AGE ON January 1, 2012:											
SHIRT SIZE:	<input type="checkbox"/> YS	<input type="checkbox"/> YM	<input type="checkbox"/> YL	<input type="checkbox"/> AS	<input type="checkbox"/> AM	<input type="checkbox"/> AL	<input type="checkbox"/> AXL	<input type="checkbox"/> OTHER:			
SHORTS SIZE:	<input type="checkbox"/> YS	<input type="checkbox"/> YM	<input type="checkbox"/> YL	<input type="checkbox"/> AS	<input type="checkbox"/> AM	<input type="checkbox"/> AL	<input type="checkbox"/> AXL	<input type="checkbox"/> OTHER:			
SOCK SIZE:	<input type="checkbox"/> SMALL 7-9		<input type="checkbox"/> INTERMEDIATE 9-11		<input type="checkbox"/> ADULT 10-13						
EXPERIENCE:	<input type="checkbox"/> Pitcher		<input type="checkbox"/> Catcher		<input type="checkbox"/> Transfer from other league: (if so, where?)						
Do you have another child playing in PGSA?		<input type="checkbox"/> YES		<input type="checkbox"/> NO							
Name(s) & Age Division of Sibling											
If in same age division, do you want them to be on same team?		<input type="checkbox"/> YES		<input type="checkbox"/> NO							
PLAYER INFORMATION											
Name: (Primary Contact)				Name: (Secondary Contact)							
Relationship:				Relationship:							
Home Phone Number:				Home Phone Number:							
Cell Phone Number:				Cell Phone Number:							
Email:				Email:							
MEDICAL INFORMATION – PLAYERS											
Physician Name:				Phone Number:							
Address:				City/ST		ZIP					
PLAYER RELEASE – PLEASE READ, INITIAL ALL, AND SIGN											
		<p>Having been informed of the intentions of the above listed league to provide supervised games and practice sessions. I, the parent/guardian, of the above name applicant do hereby give my approval for my child's participation in any and all activities during the current season. I assume all risks and hazards incidental to the conduct of these activities. And I further hereby agree to indemnify, release, absolve and hold harmless the above mentioned league, its officials, organizers, and the Texas Amateur Softball Association/District 27. In case of injury to my child and in my absence, I authorize a representative of the above mentioned league to obtain emergency medical care of a physician and hereby waive all claims against the above mentioned league, its organizers, its officials or any supervisors appointed by them. I likewise release from responsibility the person transporting my child to and from activities. I certify that my child is physically fit to participate in all activities of the above mentioned league. I assume full responsibility for any sickness, injury, and or death which may occur during the above mentioned league's activities. I agree to indemnify, absolve and release the above mentioned leagues, its officials, Texas Amateur Softball Association/District 27 from all liability thereof. Parents and players agree to be governed by the rules of the Amateur Softball Association as published by the current official rule book and Texas ASA Code.</p>									
		Dad's Club, Pearland Football, PGSA, & PLL have the right to tow parking violators at the owner's expense. This includes handicap and reserved parking spaces.									
		Dad's Club, Pearland Football, PGSA, & PLL are not responsible for damage to vehicle in the parking lot. PARK AT YOUR OWN RISK!									
Parent/Guardian Signature:				Date:							
PGSA USE ONLY – Do Not Write Below This Line											
Division:		<input type="checkbox"/> 6U		<input type="checkbox"/> 8U		<input type="checkbox"/> 10U		<input type="checkbox"/> 12U		<input type="checkbox"/> 14U	
Birth Certificate on File:		<input type="checkbox"/> YES		<input type="checkbox"/> NO		Birth Certificate Provided:		<input type="checkbox"/> YES		<input type="checkbox"/> NO	
Photo Provided:		<input type="checkbox"/> YES		<input type="checkbox"/> NO							
TRY-OUT NUMBER:											