** Carpinteria Valley Girls Softball League **

**2020 Registration Release Form**

**Player Information  Returning Player  New Player**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** | **Last Name:** | **Date of Birth:** | |
| **Address:** | **City:** | **State: CA** | **Zip:** |
| **Parent Guardian:** | **Phone Number:** | **Email:** | |
| **Parent Guardian:** | **Phone Number:** | **Email:** | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | **Does your daughter participate in other activates?** | **Yes:** | **No:** | **Day/Time:** | |  |

## Medical Authorization:

As the parent/guardian of the above named player, I hereby give my authorization for participation in all CVGSL activities, including transportation to and from the activities. I understand that participation in the sport of softball may result in serious injuries and that protective equipment does not prevent all injuries to players. I do hereby release, absolve, indemnify and agree to hold harmless CVGSL, the organizers, sponsors, participants, and persons transporting my child to and from activities from any claim arising out of any injury to my child whether the result of negligence or for any other cause, except to the extent and the amount covered by accident or liability insurance. If the need should arise, I give CVGSL and its agent’s permission to seek medical/emergency treatment for my child.

|  |  |  |
| --- | --- | --- |
| Physician Name: | Phone: | ID/Plan No. |
| Insurance Co.: | Name of Insurer: | Allergies/Needs: |

**Emergency Contact: (Relative or Friend)**

|  |  |  |
| --- | --- | --- |
| Name: | Relationship: | Phone Number: |
| Name: | Relationship: | Phone Number: |

**Volunteer Sign Up:**

CVGSL is a volunteer organization and your time is needed. Parents/guardians are to volunteer a minimum of 4 hours per participant. A volunteer deposit of $100 per participant is required at the time of registration and will be refunded at the end of the season after successful completion of the required volunteer hours. Parents/guardians also have the option to buy-out volunteer time at the rate of $100 per participant.

Please choose at least ONE area below in which you can be of assistance.

|  |  |  |  |
| --- | --- | --- | --- |
| Beach Classic Tournament: | Coach/Manager: | Assistant Coach: | CVGSL Board Member: |
| Field Crew: | Scoreboard/Scorekeeper: | Snack Shack: | Team Parent: |

**Uniform Shirt Sizes:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Youth**  **Sizes:** | Small: | Medium: | Large: | Ex Large: | **Adult**  **Sizes:** | Small: | Medium: | Large: | Ex Large: |  |

**Photo Release:** Does CVGSL have your parental consent to post your child’s photo on the CVGSL website?

|  |  |  |
| --- | --- | --- |
| **Yes:** | **No:** | **(Initial One)** |

**Registration Fee:**

Registration fee on or before December 31, 2019 $150. Registration fee after January 1, 2020 $200. Please make checks payable to CVGSL.

Registration fee for 6U $100

My signature acknowledges that I have completed and read this entire document.

|  |  |
| --- | --- |
| **Parent/Guardian Signature:** | **Date:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **For CVGSL Use Only** | | **Ticket Number:** | |
| Registration Fee: | Check No: | | Division/Age: |
| Opt-Out Fee: | Cash Receipt: | | Checked by: |

[**carpsoftball@cvgsl.com**](mailto:carpsoftball@cvgsl.com) **805-252-7640**

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