



Player's Name _____

Parents Names _____

Address _____

Phone _____ Cell Phone _____

Email _____

Reside in (circle one): City of Chardon Chardon Township Hambden Munson Other

www.chardongirlssoftball.com

Birth Date _____ Age as of 1/1/12 _____ School _____ Grade _____

Previous Team _____ Total years played _____ Requests _____

Are you on a traveling (tournament) team? Yes ___ No ___ Are you interested in league funded pitching lessons? Yes ___

DIVISIONS (age as of 1/1/12)

Pixie Slow Pitch: Ages 6-8 _____ (6 years old or attended kindergarten in 2011/2012)

Fast Pitch: Ages 9&10 _____ Ages 11&12 _____ Ages 13&14 _____ Ages 15-18 _____

All players in CGS must play at the appropriate age level, exception, special requests approved by the CGS Board of Trustees. Requests must be submitted in writing prior to the end of registration 3/5/12. Explain in detail the reason for the request. Decisions rendered before the end of March & all persons contacted. If your request is denied & you choose not to participate, your fee will be refunded in full.

SHIRT SIZE: Youth: M L Adult: S M L XL XXL
(circle one)

SPONSORS & COACHES

(Forms available on the website)

I want to sponsor a team for \$350 Yes _____ No _____

I would like to coach: Head Coach _____ Assist _____ (Please turn in a form with registration)

PAYMENT DUE AT TIME OF REGISTRATION: \$75/PLAYER (maximum \$200/family) CK. # _____

1-form/player, checks payable to CGS Inc. *Mail to CGS, C/O Joyce Campbell, 325 Chardon Ave. Chardon, OH 44024*

Late Registration accepted only if needed to complete a team & NO guarantee to return to your previous team, fee \$10/player.

I, the parent, guardian, or custodian of the participating child, a player in the Chardon Girls Softball Inc., hereby gives my approval to her participation in any & all of the activities of the league. In consideration to the above league, we assume all risks & hazards incidental to the conduct of activities and transportation to & from said activities. We do further hereby release, absolve, indemnify, and hold harmless the league, its organizers, sponsors, coaches, assistant coaches, umpires, & trustees of the corporation, and any other person or entity associated with Chardon Girls Softball Inc., from any liability arising from injury to my child from any risk, hazard, or activities associated with my child's participation in this league & also any person transporting our child to and from any or all activities associated with the league.. In case of injury to our child, we hereby waive claims against said league, its organizers, sponsors, coaches, assistant coaches, umpires, & trustees of the corporation and any other person or entity associated with said league. IN THE EVENT OF INJURY TO OUR CHILD, CHARDON GIRLS SOFTBALL COACHES, ASSISTANT COACHES, AND/OR VOLUNTEERS MAY HAVE MY CHILD TREATED AT THE NEAREST HOSPITAL.

Does your child have any medical condition we need to be aware of? Explain. _____

ADDITIONAL EMERGENCY CONTACT _____ **PHONE NUMBER** _____

Parent/Guardian Signature _____ Date _____ Date rec'd _____

NO REFUNDS AFTER March 31st 2012 UNLESS MEDICALLY DOCUMENTED

Any questions please contact Joyce Campbell 285-9694