

Fleetwood Girls Softball Association (FGSA)
2015 FALL SEASON Registration Form
FOR GIRLS WHO PLAYED IN THE SPRING
(Deadline for submission is July 17th, 2015)

FLEETWOOD GIRLS SOFTBALL ASSOCIATION
Mail or Deliver to:
FGSA
c/o Chris Malinowski
412 Coronet Drive
Blandon, PA 19510

fleetwoodgirlssoftball.org
2014-2015 Board
President Kevin Mannmiller
Vice Prez Chris Malinowski
Secretary Brad Kessler
Treasurer Keith Santangelo

General Info

PLEASE NOTE: (1) All girls in first grade through age 15 (prior to January 1, 2015) who live in the Fleetwood Area School District (unless a waiver is granted by the FGSA) are eligible and welcome to play. (2) The FGSA Code of Conduct signed in Spring will apply for the Fall season. (3) A separate registration form is required for each girl. (4) A copy of each girl's birth certificate is required for proof of age.

Child's Name _____

My Child's Birth Certificate is already on file with the FGSA: Yes ____; No, I have attached it to this form ____

Mailing Address _____

City _____ State _____ Zip Code _____

Provide any information (Phone #'s, Email Addresses, etc. that have changed since Spring Registration)

Playing Level

Player History and Interests

Played Spring of 2015: YES or NO* Spring 2015 age division: 8U 10U 12U 15U

*** If your daughter did not play this past Spring, this is not the correct form, please contact the FGSA.**

Desired age division in Fall of 2015: _____

(I/We) the parents/guardian of the above-named applicant, hereby request that (my/our) child participate and give (my/our) approval for the above-named child to participate in the youth league program. (I/We) do assume all risk and hazards incidental to such participation, including transportation to and from the activities, and (I/We) do hereby waive, release, absolve, indemnify and agree to hold harmless the Fleetwood Girls Softball Association, its organizers, sponsors, supervisors, coaches, participants, and persons transporting the above-named child to and from activities, from any claim arising out of an injury to the above-named child, including costs and legal fees. WE UNDERSTAND THAT PARTICIPATION IN ATHLETICS INVOLVES RISK. (I/WE) UNDERSTAND AND ASSUME ALL RISK OF INJURY TO (MY/OUR) CHILD.

(I/We) agree that the above-named player will participate/play on the team for which they have been assigned by the Fleetwood Girls Softball Association. (I/We) certify that one of the parents/guardians of the above-named player resides within the Fleetwood Area School District.

(I/We) realize responsibility as a parent/guardian to help maintain the Association and **DO PROMISE TO DONATE TIME** during the course of the above-named program upon request, or as result of special events due to participating in premiere or travel teams.

As the parent or legal guardian of the above-named player, (I/We) hereby give my consent for emergency medical care to be administered when conditions are necessary in the judgment of the league or its coaches to preserve the life, limb, sight or well being of the minor.

I, _____, give permission for my

(Parent/Legal Guardian Signature)

child (listed above) to play softball for the Fleetwood Girls Softball Association during the FALL 2014 season.