

Gates Athletic Association Registration Form

Softball

Player's Name: _____ Date of Birth: _____ Age on 12/31/20: _____

Street Address: _____ City: _____ Zip Code: _____

Elementary School District (even if in middle or high school) _____

School attending now: _____ Grade _____

Pertinent medical information that the coaches should be aware of: (allergies, medication, hearing, vision, disabilities, etc.)

Parent or guardian information:

Name: _____

Name: _____

Home Phone# _____

Home Phone# _____

Work# _____

Work# _____

Cell# _____

Cell# _____

Email: _____

Email _____

Uniform Info: Please Check Shirt Size: (Youth: XS___S___M___L___XL___) (Adult: S___M___L___XL___)

Uniform # 1st Choice ___ 2nd Choice ___ 3rd Choice ___ 4th Choice ___ 5th Choice ___ (Director Assigns #)

Please Check Pant Size: (Youth: S___M___L___XL___) (Adult: S___M___L___XL___)

Volunteer Info: We are an all-volunteer organization. Please check if you are interested in volunteering for any of the following: Assistant Coach ___ Team Parent ___ Concession ___

I/WE will participate in the League and GAA fundraising projects, and agree to raise the required amount of monies when due. I/We will assume all financial responsibility for any negligent damage done to any property by child and agree to return all equipment in as good a condition as received, except for normal wear and tear. Signature(s) signify my understanding of and agreement to all dues, fees and duties associated with/for Gates Athletic Association. There will be a \$15.00 charge for any returned checks.

NOTE: NO UNIFORM WILL BE ISSUED UNTIL ALL FEES ARE PAID.

I, the undersigned, hereby grant permission for the Gates Athletic Association, GAA, to photograph my child and to record, his/her voice, performances, and appearances, and use his/her picture, photograph, and other reproductions of his/her physical likeness and sound to promote the GAA and recognize outstanding team and individual achievement. I agree that this release grants unlimited distribution, promotion, and exhibition of any video, picture, or sound track. I have read the above statement and fully understand the meaning. I am signing this form to give my permission to release my child or children's, video, picture, or sound track for reasonable promotional or achievement purposes in brochures, publications, Website, and newspapers in regards to the GAA.

I/We, the parent(s) or legal guardian(s) of the above named player, hereby give my/our approval for his or her participation in any and all league activities. I/We assume all risks and hazards to such participation including transportation to and from activities. I/We do hereby waive, release, absolve, indemnify and agree to hold harmless The Gates Athletic Association, the organizers, sponsors, supervisors, coaches, directors, participants and person(s) transporting my/our child to and from activities from any claim arising out of injury to my/our child whether the result of negligence or for any other cause except to the extent and in the amount covered by accident or liability insurance.

Signed: _____

Date: _____

Signed: _____

Date: _____