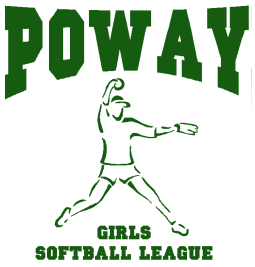

POWAY GIRLS SOFTBALL LEAGUE, INC.
P.O. BOX 272, POWAY, CA 92074
PHONE: 858-679-1995 WEBSITE: www.pgsl.org

PLAYER REGISTRATION APPLICATION

Before filling out this form, please read the information sheet for the season you are applying for.

☐ SPRING RECREATIONAL SEASON ☐ WINTERBALL SEASON

PLAYER _____ DATE OF BIRTH _____
Last Name First Name MI

ADDRESS _____
Street City ZIP

PHONE _____ SCHOOL _____ GRADE _____

FATHER _____ MOTHER _____

PHONE (H) _____ PHONE (H) _____

PHONE (W or C) _____ PHONE (W or C) _____

E-MAIL _____ E-MAIL _____

EMERGENCY CONTACT _____ PHONE _____

FAMILY PHYSICIAN _____ PHONE _____

YEARS OF SOFTBALL _____ YEARS IN PGSL _____ (Players new to PGSL to attach/enclose a copy of Birth Certificate)

YES NO
☐ ☐ Player Information* and Photo may appear on PGSL Website.
☐ ☐ Player Information* and Photo may appear in PGSL Player Program Book.

*Player Information consists of Player's First Name, Last Name (Program Book) or Initial (Website), League Age, and Player Number.

Financial Aid: PGSL would like every girl who wants to play to have the opportunity. Please contact the player agent if you are interested and are in need of financial aid.

WAIVER, RELEASE, AND MEDICAL TREATMENT AUTHORIZATION

I, the undersigned Parent/Guardian of the player named herein, acknowledge that participation in Poway Girls Softball, as in any sport, may result in injury. I hereby release Poway Girls Softball League, Inc., its members, agents, officers, coaches, managers, and players from all liability or responsibility for any claim, damage, or legal action on behalf of the player or the player's parents, heir, or personal representative arising from any injury the player may sustain while participating in Poway Girls Softball. I hereby authorize, in the event of injury, any representative of the Poway Girls Softball League, Inc. to obtain whatever medical attention is deemed necessary for my daughter. I hereby authorize any qualified medical practitioner to render such emergency medical treatment as he/she deems necessary. I hereby state that my daughter is in good health and is physically able to play girl's softball.

PRINT NAME _____ SIGNATURE _____ DATE _____

FOR LEAGUE USE ONLY

Date Rec'd		Reg. Fees		League Age	
Cash		Disc./School		B/C Rec'd	
Check		Total		Division	