



**POWAY GIRLS SOFTBALL LEAGUE, INC.**

P.O. BOX 272, POWAY, CA 92074

WEBSITE: [www.pgsl.org](http://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) \_\_\_\_\_ PHONE (W) \_\_\_\_\_

E-MAIL \_\_\_\_\_ E-MAIL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

YEARS OF SOFTBALL \_\_\_\_\_ YEARS IN PGSL \_\_\_\_\_ SHIRT SIZE \_\_\_\_\_ SOCK SIZE \_\_\_\_\_

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	_____