

South Greensburg Baseball/Softball Registration 2018

New Player _____ Returning Player _____ 2017 Team/Coach _____

Age on April 30, 2018 for baseball _____ Age on December 31, 2017 for softball _____

PLAYER INFORMATION:

Last _____ First _____ Birth Date _____
 Address _____
 City _____ Zip Code _____ Phone # _____
 Alternate # _____ Cell # for text updates _____
 Email: _____
 School: _____

SOFTBALL PLAYERS WILL BE PROVIDED WITH A JERSEY AND SHORTS.

PLEASE CIRCLE ONE JERSEY SIZE

PLEASE CIRCLE ONE SHORT SIZE

YOUTH: XS SM MED LARGE XLARGE 2XLARGE

YOUTH: XS SM MED LARGE XLARGE 2XLARGE

LADIES: XS SM MED LARGE XLARGE 2XLARGE

LADIES: XS SM MED LARGE XLARGE 2XLARGE

MENS: XS SM MED LARGE XLARGE 2XLARGE

BASEBALL PLAYERS WILL BE PROVIDED WITH A JERSEY AND HAT.

PLEASE CIRCLE ONE JERSEY SIZE

PLEASE CIRCLE ONE HAT SIZE

YOUTH: XS SM MED LARGE XLARGE 2XLARGE

YOUTH

LADIES: XS SM MED LARGE XLARGE 2XLARGE

ADULT S/M

ADULT L/XL

MENS: : XS SM MED LARGE XLARGE 2XLARGE

****IF FITTED HATS ARE NOT PURCHASED EVERYONE****
 WILL RECEIVE A ONE SIZE FITS ALL HAT

SAMPLE UNIFORMS WILL BE AVAILABLE TO TRY ON. IF YOU PICK THE INCORRECT SIZE, THEN YOU WILL BE RESPONSIBLE FOR PURCHASING A NEW UNIFORM. UNIFORMS WILL NOT BE ORDERED UNTIL PAYMENT IS RECEIVED BY SOUTH GREENSBURG RECREATION.

EMERGENCY CONTACT INFORMATION:

Name _____ Relationship _____
 Phone # _____ Alternate # _____
 Physician _____ Phone # _____
 Physical Limits/Allergies: _____

I/We the parents/guardians of the above named Participant, do hear by give approval to his/her participation in the activity checked above. I/We do further hear by release, absolve, indemnify and hold harmless, the Organizers, Recreation Personnel, Recreation Board and the Recreation Director. In case of injury to my child, I/We do hereby waive all claims against the Organizers, Sponsors or any of the Instructors or Supervisors in charge. I/We likewise release from responsibility any person or persons transporting my child to and from the above checked activity.

Parent/Guardian Signature _____ Date: _____

Birth Certificate Provided _____ On File _____

Paid: _____ Check #: _____ : R'cvd By _____