



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) _____

PHONE (W) _____

E-MAIL _____

E-MAIL _____

EMERGENCY CONTACT _____ PHONE _____

FAMILY PHYSICIAN _____ PHONE _____

YEARS OF SOFTBALL _____ YEARS IN PGSL _____ PLAYER PLACEMENT REQUEST _____

REASON FOR REQUEST _____

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 _____
 Cash _____
 Check _____

Reg. Fees _____
 Disc./Schol. _____
 Total _____

League Age _____
 B/C Rec'd _____
 Division _____