CARVER GIRLS SOFTBALL REGISTRATION

Please Return to: PO Box 1101, Carver, MA 02330

Please make checks payable to CGS in the amount of $45(grades K-2nd) or $65 (grades 3rd-8th)

Cash/Check#: _____

Child's Full Name (↑)	Current Grade	Telephone Number
Parent/Guardian Name (↑)		Alternate Telephone Number
Address (↑)	Date of Birth	Last Year's Team / Prior experience

Emergency Contact Info (please list the name and telephone number of the nearest person not living with you):

First Name	Last Name	Relationship	Telephone Number

This league exists through the help of volunteers only. Please indicate any interest below:

_____ **Head Coach** _____ **Assistant Coach** _____ **Board Member** _____ **Organizer/Fundraising**

By signing below the parent or guardian understands and agrees that the Town of Carver, the public Schools, their employees, and/or the League and it Members or Coaches will not be held legally and/or financially responsible/liable for any loss, injuries and/or damages received as a result of participation, or as a spectator of any Carver Girls Softball sponsored event. The parent or guardian gives permission to allow photographs and/or videotapes to be used in promoting Carver Girls Softball.

Carver Girls Softball is NOT responsible for any personal equipment.

Signature _____ **Date** _____ **consents and acknowledges to the above youth's participation in the Carver Girls Softball program**

Parent Responsibility Agreement

As parent/guardian, I pledge to conduct myself in a friendly and responsible manner when attending any Carver Girls Softball event. I will not harass, berate or argue with anyone involved in a C.G.S. game. This includes umpires, coaches, players and other parents. Behaving in any manner mentioned above will result in the Parent/Guardian not being allowed at any C.G.S. events.

I understand that my child needs to be available for all scheduled games/practices. My child and I are committed to try our best in attending games/practices the entire season. We will notify the Coach if my child is unable to attend. I further acknowledge that I will remain at the field with my child or designate an appropriate guardian for the duration of the game or practice and that Carver Girls Softball is not responsible for my child should I choose to leave the field. If I fail to routinely pick up my child after a practice or a game, I forfeit the privilege of my child participating in Carver Girls Softball.

Signature _____ **Date** _____ **has read and accepts the Parent Responsibility Agreement.**

Please indicate uniform size:

SHIRT:

Youth ☐ Small ☐ Medium ☐ Large ☐ XL **OR** Adult ☐ Small ☐ Medium ☐ Large ☐ XL

PANT:

Youth ☐ Small ☐ Medium ☐ Large ☐ XL **OR** Adult ☐ Small ☐ Medium ☐ Large ☐ XL