

# 2018 HALLIE GIRLS' SOFTBALL FALL SOFTBALL REGISTRATION

## PLAYER INFORMATION

Player's Name: \_\_\_\_\_ Player's Email: \_\_\_\_\_

Player's Phone: \_\_\_\_\_ Birthday (Month/Day/Year): (\_\_\_\_/\_\_\_\_/\_\_\_\_)

Player's Current League: \_\_\_\_\_ Hallie Team (if in League) \_\_\_\_\_

## SHIRT SIZE (circle one)

Youth Small          Adult Small          Adult X-Large

Youth Medium        Adult Medium        Adult XX-Large

Youth Large         Adult Large

School Currently Attending: \_\_\_\_\_ Grade \_\_\_\_\_

Coach's Name if you are on a Fall Ball Team already: \_\_\_\_\_

Preferred Position (Select 1):

Pitcher        \_\_\_\_\_        Catcher        \_\_\_\_\_        1<sup>st</sup> Base        \_\_\_\_\_

2<sup>nd</sup> Base        \_\_\_\_\_        3<sup>rd</sup> Base        \_\_\_\_\_        Shortstop        \_\_\_\_\_        Outfield        \_\_\_\_\_

Please Circle the Level you would like to Participate at:    Competitive        Recreational

## PARENT'S INFORMATION

Parent's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Phone \_\_\_\_\_

I am interested in coaching \_\_\_\_\_

I authorize the above named child to participate in the Hallie Girls' Softball program. I hereby assume all risks and hazards incidental to her participation in the program. I waive, release, indemnify and agree that the Village of Hallie staff, instructors, coaches, umpires, and all other participants are not liable for personal injury or loss suffered during the course of her participation in the Hallie Girls' Softball program. I also agree and understand that it is my responsibility to provide medical insurance coverage for the program participants.

Signature of Parent or Guardian \_\_\_\_\_