

Diamond Bar Girls Softball - Registration Form

Player's Last Name	Player's First Name	Telephone () -	DBGS LEAGUE USE ONLY Registration number: <input style="width: 50px;" type="text"/> Division: <input style="width: 50px;" type="text"/> New to league: <input type="checkbox"/> Yes <input type="checkbox"/> No Birth Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No League Official: _____ Shirt Size: Youth: ___S___M___L Adult: ___S___M___L___XL Short Size: Youth: ___S___M___L Adult: ___S___M___L___XL
Street Address	City	Zip	
Age	Date of Birth	School	
Mother/Guardian Name	Home Phone () -	Business Phone () -	
Father/Guardian Name	Home Phone () -	Business Phone () -	
E-mail Address _____			
Players Prior Experience in Years _____ Prior Pitching Experience in Years _____			

EMERGENCY AUTHORIZATION

I/We, the undersigned, parent(s) of _____, a minor, do hereby authorize Diamond Bar Girls Softball as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which may be deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medicine Practice Act, or the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is being given in advance of any special diagnosis, treatment, or hospital care which the aforementioned physician is in the exercise of his best judgment may be deemed advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective for the period that said minor plays for Diamond Bar Girls Softball, unless sooner revoked in writing and delivered to said agent(s).
 PLEASE INDICATE ANY KNOWN ALLERGIES AND/OR CONDITIONS: _____

IN CASE OF EMERGENCY, PLEASE CONTACT: Name _____ Phone _____

ACKNOWLEDGEMENT

I, the undersigned, acknowledge that the insurance coverage provided by Diamond Bar Girls Softball is supplemental and secondary to any other policy the player may have.

WAIVER OF LIABILITY AND DISCLAIMER

I, the parent or guardian of the above named individual, acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that the programs of the Diamond Bar Girls Softball League are primarily administered by parents who volunteer their time rather than paid professionals. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in it's programs, I hereby release, discharge, and hold harmless Diamond Bar Girls Softball, it's employees, volunteers, and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in Diamond Bar Girls Softball sponsored events, including any physical injury caused by the negligence of any official, umpire, or coach, while performing his or her duties during practices or games.

Signature of Parent _____ **Date:** _____

PLEASE VOLUNTEER FOR ONE OR MORE OF THE FOLLOWING IN SUPPORT OF DIAMOND BAR GIRLS SOFTBALL	PROOF OF REGISTRATION DO NOT LOSE THIS RECEIPT
<input type="checkbox"/> Manager <input type="checkbox"/> Team Mom <input type="checkbox"/> Team Dad <input type="checkbox"/> Coach <input type="checkbox"/> Scorekeeper <input type="checkbox"/> Fundraising <input type="checkbox"/> Sponsor <input type="checkbox"/> General Board Member	PAID BY CASH ----- \$ _____ CHECK # _____ ---- \$ _____ OTHER ----- \$ _____