

Ennis Girls Softball Association

P.O. Box 2
 Ennis, TX 75120
www.EnnisGirlsSoftball.com

Amount: _____

Date: _____

Check #: _____

Please fill out one registration form for each girl.
 Mail to the address above or turn in at Sports Connection no later
 than March 26, 2011.

Registration Form

Player's Name: _____ Age (as of January 1): _____ Date of birth: ___/___/___

Address: _____ City: _____ Phone 1: _____

Phone 2: _____ Phone 3: _____ Phone 4: _____

I give my consent for _____ to become a participant in Ennis Girls Softball Association. I will assist her in observing the rules of the league. In consideration of the benefits derived from this membership, I hereby voluntarily waive any claim against Ennis Girls Softball Association, its sponsors, officers, coaches and/or other officials for any and all causes which may arise in connection with activities of Ennis Girls Softball Association.

Date: _____

Signature of Parent/Guardian _____

Printed Name of Parent/Guardian _____

Registration Fees and Options

CIRCLE 1 OR 2 OR 3		PLACE AN "X" BY ONE OF THESE				
1	Place my daughter in the draft	Select one	Division	Age	With Fundraiser	Without Fundraiser
2	Leave my daughter on the same team (if possible)		Blastball	3-4	n/a	\$10.00
3	Move my daughter up a division (if she is eligible)		T-Ball	4-6	\$50.00	\$65.00
			8U	6-8	\$60.00	\$75.00
			Midget	8-10	\$60.00	\$75.00
			Freshman	10-12	\$60.00	\$75.00
			Junior	12-15	\$60.00	\$75.00
			HSE+12	8 th , 9 th , 10 th , 11 th and 12 th grades	\$60.00	\$75.00
		\$5.00 discount for each additional sibling				

The fundraiser for this year will be Hershey's assorted candy bars. Each fundraiser participant is required to sell one (1) box of candy as part of the registration fee.

Medical Information

Player's Name | _____ |

Family Physician: _____ Doctor's Phone #: _____

Is child allergic to any medications: Yes No If yes, please list: _____

Detail any medical history you feel the league should know (diseases, accidents, etc.): _____

Hospital insurance that will cover my child in the event of injury during league participation:
 Insurance Co.: _____ Policy #: _____ Group #: _____
 Phone # for insurance co.: _____

Please attach a copy of the child's birth certificate if she is a first time participant in Ennis Girls Softball Association.
 The birth certificate MUST be an official copy from County Clerk or Vital Statistics, not from the hospital. The child's age as of January 1st will determine the age group in which your child will participate.

SPECIAL COMMENTS: _____