

RECREATIONAL SOFTBALL REGISTRATION FORM

# Boulder Valley Girls Softball Association

## Recreation Division

P.O. Box 20192, Boulder, CO 80308-3192 303-494-0911

Player's Name: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age Jan 1, 2020: \_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_ School Attended: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
 Parent 1 Name \_\_\_\_\_ Parent 2 Name \_\_\_\_\_  
 Phone numbers: Home: \_\_\_\_\_ Parent 1 cell: \_\_\_\_\_ Parent 2 cell: \_\_\_\_\_  
 Parent's Email Address(es) Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_  
 Place of Employment: Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_  
 Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Number of years played: \_\_\_\_\_ Last year's team & coach: \_\_\_\_\_

**T-Shirt Size (Circle one): CHILD SIZE: small medium large ADULT SIZE: small medium large x-large**

TEAMS ARE FORMED BY THE SCHOOL ATTENDED OR GEOGRAPHIC LOCATION. IF THE PLAYER WOULD LIKE TO PLAY WITH A SPECIFIC INDIVIDUAL(S), WITH A COACH OR WITH A TEAM, PLEASE LIST BELOW\*. (WE WILL TRY TO PLACE EVERYONE ON THE TEAM THEY WANT TO BE ON, BUT CANNOT GUARANTEE TEAM PLACEMENT AFTER THE MARCH 15TH REGISTRATION DEADLINE: \* List Here: \_\_\_\_\_

**PARENTS, PLEASE COMPLETE THIS SECTION**

For softball to be successful, a great deal of work must be done by volunteers. If your daughter participates, you are expected to support the program. Listed below are opportunities for you to help support your daughter's participation. Please circle the activities in which you would be willing to help.

COACH / ASSISTANT COACH (Age group: 5-8, 9-10, 11-12, 13-14, 15-18): \_\_\_\_\_

UMPIRE: (Age group desired \_\_\_\_\_) BOARD OF DIRECTORS: \_\_\_\_\_ TEAM MOTHER OR FATHER: \_\_\_\_\_

TEAM SPONSOR \$350: \_\_\_\_\_ PLAYER SPONSOR \$: \_\_\_\_\_

**PARENTAL PERMISSION TO PLAY / WAIVER:**

- I, THE PARENT OR GUARDIAN OF THE ABOVE NAMED APPLICANT, GIVE APPROVAL FOR MY CHILD'S PARTICIPATION IN ALL ACTIVITIES OF THE SOFTBALL PROGRAM. I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION INCLUDING TRANSPORTATION TO AND FROM ALL ACTIVITIES. I AGREE TO PAY THE REGISTRATION FEE, TO ADHERE TO IPGSA/BVGSa/USSSA LEAGUE RULES & GOOD SPORTSMANSHIP EXPECTATIONS.
- I DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY, AND AGREE TO HOLD HARMLESS BOULDER VALLEY GIRLS SOFTBALL ASSOCIATION, INC., THE ORGANIZERS, COACHES, SPONSORS, OFFICIALS, SUPERVISORS, OTHER PARTICIPANTS, AND APPOINTED PERSONS TRANSPORTING MY CHILD TO OR FROM PROGRAM ACTIVITIES FOR ANY CLAIMS ARISING OUT OF INJURY TO MY CHILD INCIDENTAL TO SUCH PARTICIPATION, EXCEPT TO THE EXTENT AND AMOUNT COVERED BY ACCIDENT AND/OR LIABILITY INSURANCE HELD BY BOULDER VALLEY GIRLS SOFTBALL ASSOCIATION, INC.
- I FURTHER AGREE THAT IN MY ABSENCE, THE DESIGNATED LEAGUE OFFICERS, AND/OR TEAM COACHES SHALL HAVE AUTHORITY TO TAKE ACTION, AS DEEMED NECESSARY, TO PROVIDE OR RENDER IMMEDIATE MEDICAL ATTENTION TO THE ABOVE NAMED APPLICANT DUE TO SUDDEN ILLNESS OR INJURY INCIDENTAL TO, OR OCCURRING DURING HER PARTICIPATION.
- I AGREE TO RETURN IN GOOD CONDITION ANY EQUIPMENT ISSUED TO MY CHILD. IF REQUESTED, I WILL FURNISH A CERTIFICATE OF BIRTH FOR MY CHILD. I GIVE PERMISSION FOR PHOTOS AND/OR VIDEOS TO BE TAKEN AND USED WITH OR WITHOUT MY NAME FOR ANY LAWFUL PURPOSE, INCLUDING FOR EXAMPLE, SUCH PURPOSES AS; SOFTBALL RELATED PUBLICITY, ILLUSTRATION, TEAM PHOTOS, AWARDS ADVERTISING, AND WEB CONTENT.

Parent's or Guardian's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Verified by League Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE PROPERLY REGISTERED YOU MUST RETURN THIS COMPLETED FORM WITH PARENT OR GUARDIAN SIGNATURE AND REGISTRATION FEE BY MARCH 15TH.**

**RECREATIONAL FEE SCHEDULE**

5-8 YEAR OLD (Coach Pitch) \$80.00

9-10 YEAR OLD \$90.00

11-12 YEAR OLD \$100.00

13-14 YEAR OLD \$115.00

15-18 YEAR OLD \$125.00

REGISTRATIONS POSTMARKED AFTER MARCH 15, 2020, WILL ONLY BE ACCEPTED IF SPACE IS STILL AVAILABLE. ADD \$5.00 LATE REGISTRATION FEE IF AFTER MARCH 15th. NO REFUNDS GIVEN AFTER FIRST SCHEDULED GAME.

*Make checks payable to: BVGSA – REC DIVISION*  
*Mail application and check to:*  
 BVGSA – REC DIVISION  
 P.O. BOX 20192  
 BOULDER CO 80308-3192

\*\*\*PLEASE FEEL FREE TO DUPLICATE THIS FORM AND PASS IT ON TO YOUR FRIENDS\*\*\*