

Elk City Girls Summer Softball
www.elkcitygirlssoftball.com

Parent/Guardian Affidavit

I, parent or guardian of the below named player, do hereby, in consideration of permitting said player to participate in the championship play of the ASA and Elk City Girls Summer Softball, Inc., do hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims that I might have against the ASA and Elk City Girls Summer Softball, Inc., its local, metro and state associations, its sponsors, their agents or representatives, for any and all injuries or losses sustained arising out of any injuries or losses suffered by said player while competing in or in connection with the championship play of ASA and Elk City Girls Summer Softball, Inc., and hereby contract and agree to hold the ASA and Elk City Girls Summer Softball, Inc. harmless and to indemnify it from and on account of any damage suffered or sustained by ASA or Elk City Girls Summer Softball, Inc. by reason of said player being injured.

I hereby subscribe my name in the column for signatures and by doing so certify that I have read this statement and that information supplied on this roster is correct to the best of my knowledge.

Player	Date	Parent/Guardian	Date
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Age Division: (Please check only one category based on players age as of 12/31/2008.)
(All players in these divisions must enter the draw)

T-ball Ages 4-6 (6U) Coach Pitch Ages 6-8 (8U)

(Players in this division can choose to remain on the same team as last season only if they are remaining in the same age division as last season)

Fast Pitch Ages 9-10 (10U)

I want to enter the draw. **OR**

I want to be on last year's team.

Team Name: _____ Coach's Name: _____

PLAYER INFORMATION—PLEASE PRINT

Player Name: _____ Date of Birth: ____/____/____

Age as of 12/31/2008: _____ Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____ Alt. Phone: _____

Address: _____

T-Shirt Size: YSM YMD YLG ASM
 AMD ALG AXL AXXL

Parents wishing to purchase a team t-shirt must submit an additional \$12/shirt and mark the size on this registration form. Shirts will NOT be available for purchase otherwise.

Send this completed registration form along with your registration fee of \$40.00 per player, \$80.00 maximum per family to the address listed below. **All entries must be postmarked on or before April 12, 2009. All entries received after April 12, 2009 will be charged a \$40.00 late fee PER PLAYER.** Entries may also be dropped off with Nicole Woody at Grandview Pharmacy, 2406 Bell Avenue, Elk City, before April 12, 2009.

Elk City Girls Summer Softball, Inc.
PO Box 435
Elk City, OK 73648-0435

ONLY IF YOU WANT TO COACH

If you are interested in coaching a team, please fill out the information below. You will be contacted to attend the pre-season coach's meeting and team draw. All coaches are required to submit a copy of the driver's license and provide their Social Security Number on the release form for an ASA background check. The form is available on the website.

Have you coached before? YES NO

I am interested in being the Head Coach Assistant Coach

Name: _____ Home Phone: _____ Cell Phone: _____