

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 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 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 Elk City Girls Summer Softball, Inc., and hereby contract and agree to hold the Elk City Girls Summer Softball, Inc. harmless and to indemnify it from and on account of any damage suffered or sustained by 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 player's age as of 12/31/2009.)

<input type="checkbox"/> T-ball	Ages 4 – 6 (6U)	<input type="checkbox"/> Coach Pitch	Ages 6 – 8 (8U)
<input type="checkbox"/> Fast Pitch	Ages 9-10 (10U)	<input type="checkbox"/> Fast Pitch	Ages 11-12 (12U)

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 12/31/2009: _____ Parent/Guardian Name: _____

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

Address: _____

T-Shirt Size:	<input type="checkbox"/> YSM	<input type="checkbox"/> YMD	<input type="checkbox"/> YLG	<input type="checkbox"/> ASM
	<input type="checkbox"/> AMD	<input type="checkbox"/> ALG	<input type="checkbox"/> AXL	<input type="checkbox"/> 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 received on or before March 31, 2010.** Entries may also be dropped off with Nicole Smithey at 411 North Randall, Elk City, OK before March 31, 2010.

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 a release form for a background check.

Have you coached before? YES NO
I am interested in being the Head Coach Assistant Coach

Name: _____ Home Phone: _____ Cell Phone: _____