



2017 GGAL Softball Registration



Player's Name: _____

Date of Birth: _____ Age as of 01/01/2017: _____ Birth Certificate Submitted: Y / N

Address: _____

City, State, Zip: _____

Home Phone: ()-_____ Cell Phone: ()-_____ email: _____
(if applicable) (if applicable)

SHIRT SIZE: YS YM YL AS AM AL AXL PANT SIZE: YS YM YL AS AM AL AXL

Parent/Guardian 1 Name: _____ Relationship: _____

Home Phone: ()-_____ Cell Phone: ()-_____ email: _____

I wish to Volunteer (circle): Coach, Assist Coach, Field Prep, Snack stand, Fund Raisers.

Parent/Guardian 2 Name: _____ Relationship: _____

Home Phone: ()-_____ Cell Phone: ()-_____ email: _____

I wish to Volunteer (circle): Coach, Assist Coach, Field Prep, Snack stand, Fund Raisers.

Emergency contact (circle): P/G 1, P/G 2, Other: Name _____ Phone: ()-_____

Parent or Guardian Release Form

I fully understand and permit my child, named above, to participate in any and all Glendora Girl's Athletic League (G.G.A.L) activities and, hereby, release the G.G.A.L., its sponsors, officers, managers, coaches, and transporters (drivers) from responsibility for injuries incurred while practicing or playing girls fast pitch softball, attending softball clinics, participating in any other G.G.A.L. activity, or traveling to or from any G.G.A.L activity, regardless of the location where the activities are conducted.

Signature _____ Date: _____

FOR GGAL USE ONLY:

Amount Paid: Cash \$ _____ Check \$ _____ Check # _____

Added to league communications: Y / N

Birth Certificate Accepted: Y / N Initial: _____ date: _____