



Montgomery Gray Softball 2021 League Registration Form

Registration Fees: SweeTees: \$25 All Other Divisions: \$100

Division (circle one):

SweeTees 4-6	Darlings 7-8	Angels 9-10	Ponytails 11-12	Belles 13-15	Debs 16-18
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Player Name: _____ Date of Birth: _____

Lives with (circle one): Father / Mother / Both

Team Last Year: _____ Years Played: _____

Can the player attend player evaluations Feb 23? Yes / No

Medical Conditions: _____

Do you have a sister in the league? Yes / No If yes, Name: _____ Division _____

Special requests/Comments: _____

Please Print Legibly

Father

Mother

Name _____ Name: _____

Street Address: _____ Street Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Volunteer Information: Our organization is a non-profit, volunteer organization that needs everyone's help to be successful. Please check any areas where you feel you would be able to contribute to the organization to benefit your child and Montgomery Gray. Thank you.

	Head Coach	Assistant Coach	Team Parent	Sponsor / Fundraising	Field Crew	Concessions
Mother						
Father						



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MONTGOMERY GRAY SOFTBALL LEAGUE WAIVER/CONSENT FOR MEDICAL TREATMENT

I/We, the parents and/or guardian of the named candidate for a position on a league team, hereby give my/our approval to participate in any and all league activities. I/We assume all risk and hazards incidental to such participation, including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the local league, the chartering organizers, sponsors, participants and persons transporting my/our child to and from activities; for any claim arising out of an injury to my/our child, whether the result of negligence or from any other cause, except to the extent and in the amount covered by accident and liability insurance. I/We understand that the insurance carried by this league covers only the amount that is not paid by my/our carrier. I/We will furnish a certified birth certificate of the above name candidate to league officials.

I/We hereby consent for Montgomery Gray officials to seek and obtain emergency medical care and treatment (including all medical and surgical treatments which may be deemed necessary by the emergency physician/surgeon) in the event of an illness and/or injury. This authorization will only be used after every effort has been made to contact the parent/guardian and only in case of an emergency.

Signature (Father): _____

Signature (Mother): _____

Date: _____

CITY OF MONTGOMERY WAIVER

I/We, the parents and or guardian of the named minor do hereby give my/our approval for the named minor's participation in any and all league or City sponsored activities held on the property own by the City of Montgomery and operated by the Parks and Recreation Department of the City. I/We assume all risks and hazards which may arise as a result of such participation, whether or not the child is directly engaged in participation when such risk or hazard may arise or not, and I/we do hereby release and absolve the City from any and all liability which may arise as a result thereof. I/We agree to indemnify and hold the City of Montgomery harmless for any claim arising out of my/our child's presence at a City maintained facility or his/her participation in league or City sponsored events, whether the result of action or inaction on the part of an agent or employee of the City, or on the part of a third party.

Signature (Father): _____

Signature (Mother): _____

Date: _____

For Official Use Only				
Amount Due: _____	Amount Paid: _____	Cash _____	Check # _____	Verified by: _____