

## HANSON GIRLS SOFTBALL REGISTRATION

\_\_\_\_\_ Instructional (grades 1 and 2)  
\_\_\_\_\_ Division I (Grades 6,7,8,9 - born on or after Jan. 1, 1995)  
\_\_\_\_\_ Division II (Grades 3,4,5)

Player \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

*Check here if you would like to receive HGS Newsletter*

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

In case of emergency contact:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ phone: \_\_\_\_\_

Relationship to player: \_\_\_\_\_

*It is the goal of the Hanson Girls Softball League to provide a safe, fun and enjoyable environment for our children to play and learn the game of softball. It should be the primary objective of every Manager, Coach and parent to insure that this goal is achieved and maintained in our League*

### **NOTICE:**

**Athletic Activities may result in injury, Hanson Girls Softball release and waiver:**  
In consideration of being allowed to participate in the HGS activities, the undersigned does release Hanson Girls Softball league, its directors, members and agents from any claims or liabilities which may otherwise may be incurred on account of such participation and does waive and relinquish any claim, right or cause of action which might otherwise be preferable against it or them on account of such participation.

\_\_\_\_\_  
SIGNATURE (PARENT OR GUARDIAN)

\_\_\_\_\_  
DATE

**Can you help?**

\_\_\_\_\_ Assistant Coach \_\_\_\_\_ Field Maintenance \_\_\_\_\_ other

**Fees:**

\_\_\_\_\_ \$50 instructional \_\_\_\_\_ \$75 per child \_\_\_\_\_ \$120 family  
*\*Fee includes 5 chances in the Open Day Raffle!*

Shirt Size: Youth Med \_\_\_\_\_ Lg \_\_\_\_\_  
Adult Sm \_\_\_\_\_ Med \_\_\_\_\_ Lg \_\_\_\_\_ XL \_\_\_\_\_

**Paid: Check # \_\_\_\_\_ Cash \$ \_\_\_\_\_**

**Hanson Girls Softball Consent to Treat**

This is to certify that on this date, I \_\_\_\_\_, as parent or guardian of \_\_\_\_\_, give my consent to Hanson Girl's Softball League and its medical representative to obtain medical care from any licensed physician, hospital, or clinic of the above mentioned athlete, for any injury that could arise from participation in Hanson Girl's Softball sanctioned events.

**Medical Insurance Company**

**Name of Insurance:** \_\_\_\_\_

**Policy number:** \_\_\_\_\_

**Primary Care Provider:** \_\_\_\_\_  
(name)

**Name of Subscriber:** \_\_\_\_\_

**Signed:** \_\_\_\_\_  
(Parent/Guardian)

**List any medical conditions or prior injuries:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide a copy of your birth certificate.**

**Please complete a CORI form if you will be helping in anyway.**

**Thank you for your support!**

**Hanson Girls Softball  
PO Box 142  
Hanson, MA 02341  
[hgs\\_softball@yahoo.com](mailto:hgs_softball@yahoo.com)**