

2010 Oquirrh Mountain Girls Softball Association
Player Registration Form

AGE GROUP (Please circle): T-Ball (3-6) 8 & Under 10 & Under 12 & Under 14 & Under 18 & Under

*****Players must play in their correct age group, players will not be able to play up or down an age group*****

Player's Name: _____ Date of Birth: _____ Age as of 1-1-2010: _____
(Birth Certificates can be requested to verify age if needed)

Parent(s) or Guardian(s) Name(s): _____

Can Parent or Guardian Volunteer? ___ Head Coach ___ Asst. Coach ___ Team Mom ___ Snack Shack ___ Board Member

Address: _____ City _____ Zip _____

Phone: _____ Cell: _____ Email: _____

In case of emergency (Name & Phone): _____

What school do you attend? _____ Grade: _____ What positions have you played? _____

Total number of years played? _____ # years played in T-ball? _____ Any physical impairment? _____

Have you ever been on an All-Star or Accelerated Team? _____ If yes, how many years? _____

What age group(s)? _____ Name of team/organization? _____

Do you have any pitching experience in at least 4 games or for 10 innings? _____ What age group(s)? _____

Friends: You may list one (1) friend that you'd like to play with. Each registration form **MUST** list each other's name AND they **MUST** be stapled and turned in together. OMGS cannot guarantee otherwise.

I would like to play with _____

T-Shirt Size (Please circle): Youth Sizes: Small Medium Large
Adult Sizes: Small Medium Large X-Large XXL

PARENTS: PLEASE READ CAREFULLY

STATEMENT OF PARENTAL AGREEMENT AND CONSENT TO PLAY:

I hereby recognize and acknowledge that participation in OMGS activities may involve bodily and/or emotional injury to myself and/or my child. I assume all risks and hazards incidental to OMGS activities and give consent and permission for my child to participate in OMGS events. I hereby voluntarily and knowingly release, waive, and discharge Riverton City and its employees, and all sponsors, organizers, board members, officials, coaches, Oquirrh Mountain Girls Softball and its officers from any and all liability that may result from my child's participation in the Oquirrh Mountain Girls Softball League.

I hereby accept responsibility for my actions as well as those actions of my family and agree to abide by the rules of good SPORTSMANSHIP. I accept that we can be asked to leave the park based on our actions and in the event of extremely poor sportsmanship, may even cause my child's team to forfeit their game.

I hereby authorize OMGS, its officers or representatives to act on my behalf in accordance with their best judgment in case of emergency and agree to assume full responsibility for all medical expenses that may arise there from. I understand that OMGS will carry medical and accident insurance for all players, managers, coaches, chaperons, and board members prior to league play. I understand that this is a secondary insurance and claims must be filed within one week of the accident. By signing this agreement, I acknowledge that I have read and understand its contents and disclosures and I agree to its terms.

If player is a minor, parent/guardian signature is required:

Parent/Guardian / Player Signature: _____ Date: _____

Return form and \$45.00 (T-Ball) or \$75.00 (ex. T-Ball) fee payable to: **OMGS, P.O. Box 385, Riverton, Utah 84065-0385.**
MUST BE POSTMARKED NO LATER THAN FEBRUARY 28, 2010. The fee is NON-REFUNDABLE.

OMGS BOARD MEMBERS ONLY

Board Member Initials: _____ Date Rec'd: _____ Amt. Pd. _____ Cash: _____ Ck#: _____ Bal. Due: _____