

S.E.G.S.L. 4190 Verona Road South Euclid, OH 44121
Phone: 216-297-0636 Website: www.segsl.org

South Euclid Girls Softball League 2009 Registration

ONLY ONE REGISTRATION PER CHILD PER LEAUGE

Player's Name (last) _____ (first) _____

Parent/Guardian's Name _____

Address _____ City _____ Zip-Code _____

Phone Number _____ E-mail Address _____

T-Shirt Size (Youth M, L +Adult S, M, L,XL) _____ Birthdate _____ Age _____

School Attending Now _____ Played in 2008? Yes ___ No ___

2008 Team _____ Coach _____

Slow Pitch _____ (all leagues) Jr. Fast Pitch _____ (11-12) *Sr. Fast Pitch (13-14) _____

Would you like to umpire (must be 14 or older) _____

****A background check will be conducted for all new managers/coaches.

_____ ***I would like to coach/manage a team.

_____ I would like to sponsor this team.

League is determined by player's age on Sept. 30th, 2009.

Slow & Modified Pitch Leagues: Fast Pitch Leagues:

Pixies 6-8 yrs. -----SIGN UP WITH A FRIEND

Jr. Pigtail's (Modified Pitch) 9-10 yrs. Jr. Fast Pitch 11-12 yrs.

Sr. Pigtail 11-13 yrs. Sr. Fast Pitch 13-14 yrs.

Ponytail 14-18 yrs. -----SIGN UP WITH A FRIEND

(League divisions are subject to change)

Please enclose a check for:

\$45 per slow pitch player

\$60 per fast pitch player

(\$5 discount on each additional player in the family)

**An additional non-residency fee \$10 first child \$5 each additional child per family

***NO REFUNDS WILL BE GIVEN AFTER TEAMS HAVE BEEN PICKED AND UNIFORMS HAVE BEEN ORDERED.

I, the parent/guardian of the above named player, who is a candidate for a position on a South Euclid Softball League team, hereby give my approval for her participation in any and all of the activities of the League during the next season. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities; I do hereby release, absolve, indemnify and hold harmless the South Euclid Softball League, the organizers, sponsors and the supervisors, any or all of them, in case of injury to my child. I hereby waive all claims against the organizers, the sponsors or any of the supervisors appointed by them. I likewise release from responsibility any person transporting my child to or from activities. I will furnish a birth certificate of the above named candidate upon request of league officials. I understand that there will be no refunds after teams and tryouts have been done.

Parent's/Guardian's Signature _____ Date _____

Mail registration postmarked by 3/2/08 to avoid a mandatory late fee.

ALL RETURNED CHECKS WILL BE SUBJECT TO A \$25.00 ADDITIONAL FEE.

(Players must have played South Euclid Girls Softball last year to mail in registration. All new players, including siblings, must walk in, please bring proof of residency and a birth certificate for your child).

Send your check to 4190 Verona Road, South Euclid, OH, 44121 made out to S.E.G.S.L.