

YOUTH GIRLS' SOFTBALL REGISTRATION FORM

<p>Junior Minors Softball: Grade 1-2 _____ \$130 (before 2/16) Same team requests accepted Please list team request here: Minors Softball: Grade 3-4 _____ \$145 (before 1/25) _____ \$155 (after 1/25) * Uniform top included NO TEAM REQUESTS, draft teams</p>	<p>Majors Softball: Grade 5-6 _____ \$145 (before 1/25) _____ \$155 (after 1/25) * Uniform top included NO TEAM REQUESTS, draft teams</p> <p>Seniors Softball: Grade 7-8 _____ \$145 (before 1/25) _____ \$155 (after 1/25) * Uniform top included NO TEAM REQUESTS, draft teams</p>	<p>Uniforms: Please circle for your child's jersey size.</p> <p style="text-align: center;"> Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult Larg </p>
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* Minor, Major, and Seniors Players must attend skill assessment day Sat., 1/30

Special Softball Registration on Sat, 1/23, 10:00-12:00 PM at the Rec Dept.

Name of Player _____ Grade _____

Address _____ City/Zip Code _____

Parent Name _____ Home Phone _____

Email _____ Cell Phone _____

Does the player have medical insurance coverage? Yes No Insurance Provider _____

Is player allergic to any type of medication? Yes No please list _____

I, as the parent of leagal guardian of the above player for SOCCER, do hereby give my approval to their participation in any and all activities during the current 2010 season. I assume all risks and hazards incidental to such participation including transportation to and from the activities; and I do hereby waive release, absolve, indemnify and agree to hold harmless the Town of San Anselmo, it's officers and employees, and San Anselmo Girls Softball, it's sponsors, managers, and any volunteers connected with this program, for and against any and all liability for any injury suffered by me or my child arising out of or in any way connected with participation in the softball program. Also, permission is hereby granted to the San Anselmo Girls Recreation Department to have the above named player taken to the hospital and emergency medical aid administered as the physician on duty deems necessary. I accept financial responsibility for any medical costs. I accept complete financial responsibility for the uniform, and agree that the uniform will be returned to the team manager, on the team's last scheduled game of the season, in good condition, allowing for normal wear and tear. As the parent/guardian, I understand the nature of the softball program, the basic rules under which the program is conducted, and the risks of injury.

Mandatory Arbitration of Claims Against the Town: It is hereby expressly understood and agreed to by the undersigned that any claims asserted against the Town by the undersigned participant, either on behalf of him/her or on behalf of another person, on account of bodily injury, mental disturbance, death or property damage, sustained as a result of, or for any reason connected to the use of Town property, facilities or programs or acts or omissions of Town employees or volunteers pursuant to this registration, will be resolved by submission to arbitration as provided by California law, and not by lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. It is agreed that all claim submission, requirements, procedures, and deadlines and all immunities established by the Government Code or other provision of law will apply, but that the undersigned waives all rights to file a lawsuit and agrees, in lieu thereof, to resolving all claims and disputes through the arbitration process. The Town and the undersigned, by execution of this document, are giving up their constitutional right to have any such dispute decided in a court of lay and before a judge or jury and instead are accepting the use of arbitration.

I state that the above named child has no physical or emotional conditions which would pose danger to themselves or to others through participation in this sports activity.

Parent Particiaption Requirement: Each family is required to volunteer a minimum of 3 hours each season. Circle your volunteer preference: Head Coach Assist. Coach Snack Shack

Would you and/or your business be interested in sponsoring your daughter's team? _____
Signature of Parent/Guardian _____ Date _____

INDICATE METHOD OF PAYMENT: _____personal check enclosed: Make Payable to: TOWN OF SAN ANSELMO

Visa/Mastercard # _____ - _____ - _____ Exp _____ 3 digit code _____