

2010 NEEDHAM GIRLS SOFTBALL REGISTRATION

Name _____ Mom/Dad _____

Address _____ Telephone _____

Birth Date _____ School _____ Grade _____ Your 2009 Team _____

Email addresses (will be your primary contact - print clearly) _____

Emergency Contact _____ Phone _____

Sister in the league? (name) _____ Other Spring Evening Activities _____

T-Shirt	Sweatpants	Sweatshirt (8 th Grade Only)
Adult S M L XL (circle one)	Child: M L Adult: S M L XL (circle one)	Adult S M L XL XXL (circle one)

6th, 7th and 8th Grade: Do you want to participate in the Advanced Skills Softball Program? _____
 Depending on interest and coaching this program will meet once a week on the weekend (time TBD) and will concentrate on advanced softball skills to prepare you to play at the High School level and in Summer Leagues.

3rd Grade Only: Name one friend that you would like to be placed with _____
 To ensure placement together, each girl should request the other. Please no "group requests!"

INJURY WAIVER AND INDEMNITY

In consideration of the acceptance of this registration, I hereby release the Needham Girls Softball program and any and all of its volunteer, coaches, and umpires from any and all claims which may arise from injuries to my daughter in the course of her participation in the Needham Girls Softball program. I agree to indemnify, defend, and hold harmless the Needham Girls Softball program and any of its volunteer, coaches, and umpires from and against any and all claims which may be brought by or on behalf of my daughter for personal injuries arising out of her participation in the Needham Girls Softball program. I hereby certify that my daughter is in good physical health, and there are no health related reasons why she should not participate in the Needham Girls Softball program. Also, it is my understanding that medical insurance coverage is NOT provided by the Needham Girls Softball.

Signed: _____ Date: _____

(Signature of parent or legal guardian)

Check # _____ Amount _____

DO YOU WANT TO COACH? PLEASE VOLUNTEER TO HELP - SIGN UP BELOW

Coach _____ Assistant Coach _____ Scorekeeper _____ Name and Phone _____

Your Experience/Training _____

Coach and Assistant Coach – shirt size: Adult S M L XL XXL

Please make check out to: NEEDHAM GIRLS SOFTBALL for \$100.00
Mail to: Needham Girls Softball, C/O Nancy Sexton - 3 Arden Street Needham, MA 02492
 by March 1, 2010 (We cannot guaranty a space if received after March 1)
www.needhamssoftball.com