

FOR LEAGUE USE ONLY

AMOUNT PAID \_\_\_\_\_ AMOUNT DUE \_\_\_\_\_ VERIFIED BY \_\_\_\_\_

CHECK # OR CASH \_\_\_\_\_ LEAGUE AGE \_\_\_\_\_ BIRTH CERTIFICATE [ ] YES [ ] NO



**PAJARO VALLEY GIRLS SOFTBALL LEAGUE**



P O BOX 2114

WATSONVILLE CA 95077

831-786-8625

Fed ID# 20-0699787

Facebook: Pajaro Valley Softball

Website: www.pajarovalleygirlssoftball.com

**WE TAKE CREDIT CARDS**

Email: [pvsftbl@pacbell.net](mailto:pvsftbl@pacbell.net)

PLAYER NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

LIVES WITH [ ] MOTHER [ ] FATHER [ ] OTHER \_\_\_\_\_ OCCUPATION OF FATHER \_\_\_\_\_

EMAIL FATHER ADDRESS \_\_\_\_\_ OCCUPATION OF MOTHER \_\_\_\_\_

EMAIL MOTHER ADDRESS \_\_\_\_\_ **SHIRT SIZE** (Y) \_\_\_\_\_ (A) \_\_\_\_\_

TEAM LAST YEAR \_\_\_\_\_ SPECIAL REMARKS \_\_\_\_\_

FATHER \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

MOTHER \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

OTHER \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**HELPER INFORMATION: CHECK AS MANY AS YOU CAN**

- [ ] MANAGER                      [ ] COACH                      [ ] SNACK BAR                      [ ] BOARD OF DIRECTORS
- [ ] TEAM MOM OR DAD            [ ] SPONSOR A TEAM            [ ] FIELD MAINTENANCE
- [ ] DONATE ITEMS                [ ] MONETARY DONATION        [ ] DONATE SERVICE \_\_\_\_\_

**MEDICAL RELEASE**

NAME OF PLAYER \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

FAMILY DOCTOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

SPECIAL PAST ILLNESS OR INJURIES \_\_\_\_\_

ALLERGIES \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ POLICY# \_\_\_\_\_

COMMENTS \_\_\_\_\_

IN MY OPINION \_\_\_\_\_ IS PHYSICALLY ABLE TO PARTICIPATE IN THIS ASA SOFTBALL LEAGUE AND HAS MY PERMISSION TO DO SO. I UNDERSTAND THAT PARTICIPATION IN SOFTBALL MAY RESULT IN SERIOUS INJURY TO MY/OUR CHILD. PROTECTION EQUIPMENT DOES NOT PREVENT ALL INJURY TO PLAYERS. IN CASE OF EMERGENCY, IF FAMILY PHYSICIAN CANNOT BE REACHED, I HEREBY AUTHORIZE THE ABOVE NAMED PLAYER TO BE TREATED BY ANOTHER PHYSICIAN WHO IS AVAILABLE. ALSO THIS ASA LEAGUE HAS AUTHORIZED TO TAKE THE PLAYER TO THE NEAREST FACILITY FOR TREATMENT.

SIGNED \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ DATE \_\_\_\_\_