



Girls Athletic League of Softball 2017 REGISTRATION FORM

Important dates:

Registration Deadline:
APRIL 22

Placement clinic:
APRIL 22

**Harvey West Park
FIELD 2. All new
players and those**

**moving up a
division must
attend.**

In the event of rain,
placement clinic is
cancelled.

Divisions:
(Current grades)

Instructional:
Grades 1-4 at 9:00 AM

Elementary: Grades
5-6 at 10:00 AM

SENIOR GRADES
7,8,9,10 AT 11:00 AM

Team pictures:
At First Game

Season Starts ☺
June 12
Season Ends ☹
July 27

Fee Schedule:
\$120.00 per applicant
\$100.00 per Sibling

Forms and questions? →

Want To Help? →→→

**Coaches and Assistants
need to fill out a Coaches
Applications**

1. Use pen and please print (2 copies) on **original** registration form. Submit two copies of the registration form per applicant, parents keep a copy.
2. **Enclose fees and completed registration form** (two copies) to:
GALS, PO Box 2490, Santa Cruz, CA 95063.
3. **NO REFUNDS AND NO SPECIAL REQUESTS WILL BE CONSIDERED.**
4. Registration and fees must be received by April 22rd to guarantee placement.
5. **COACHES NEED TO FILL OUT A COACHES FORM** at santacruzgals.org

Player's Name: _____ Phone: _____ Birth date: _____

Address: _____ City: _____ Zip: _____

Present School: _____ Current Grade: _____

Did you play Santa Cruz GALS last year? Yes No

If yes, which 2016 team sponsor? _____

Did you play on a school team last year? Yes No

If yes, which position? _____

Did you pitch in Santa Cruz Gals last year? Yes No

Other pitching experience? _____

Sibling name(s) and current grade(s) [if playing GALS] _____

WAIVER OF CLAIMS AND RELEASE OF LIABILITY:

I/We, the parents of the above named child, who is a candidate for a position on GALS softball team, hereby give my/our approval to her participation in any and all activities of GALS during the current season. I/We assume responsibility for all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I/We further release, absolve, indemnify and hold harmless the City of Santa Cruz and GALS, its officers, the organizers, sponsors and supervisors, any or all of them. I/We likewise release from responsibility any person transporting my/our child to or from the activities. I/We will furnish a certified birth certificate of the above named candidate upon request of League Officials. **In case of emergency due to serious illness or injury when I/we cannot be contacted, I/we give permission to GALS Officials to authorize emergency medical attention to my/our child.**

Parent/Guardian Signature Email Address

EMERGENCY INFORMATION:

Father (or guardian): _____ Home phone: _____

Place of employment: _____ Cell phone: _____

Mother (or guardian): _____ Home phone: _____

Place of employment: _____ Cell phone: _____

Person to call if parents cannot be reached:

Name: _____ Relationship: _____ Phone: _____

Doctor: _____ Phone: _____

Registration forms are available at Santa Cruz Parks and Recreation office, and at santacruzgals.org Questions regarding GALS softball call 476-6490.

I am interested in sponsoring a team: (\$300.00 Per Team)

COACH ASSISTANT COACH TEAM PARENT