



Wabash Valley Girls Softball League

Visit our Website: wvgirlssoftball.com

Personal Information

***Use a separate form for each player. **Please print clearly.**

Last Name: _____ First Name: _____ MI _____

Address: _____ City, State: _____ Zip: _____

Phone: _____ School: _____ Grade: _____

Birth Date: _____ Age: _____ Parent Email: _____

Mother/Guardian: _____ Employer: _____

Father/Guardian: _____ Employer: _____

Player Information:

Is the player new to WVGSL? Y / N If new, please attach a copy of her birth certificate. Y / N

Is the player moving up to a new division? Y / N *Age division for this season _____

Name of last season's team? _____ Do you wish to remain on that team? Y / N

Primary Position Played? _____ Did she pitch last year? Y / N How many innings? _____

Requested Coach or teammate (T-ball,8U and 10U ONLY) _____ Sister? Y / N

Is there any coach in which you do not wish to play for(limit 1) _____

Uniform Information

*** Circle only one size per item.**

Shirt Size: Youth: S(6-8) M(10-12) L(14-16) Adult: S M L XL 2X 3X

Sock Size: Youth Intermediate Adult

Emergency Information:

I hereby authorize coaches, managers, or officials of WVGSL to provide medical treatment in case of emergency or injury. I also agree to release, indemnify, hold harmless, and absolve WVGSL, their organizers, officers, and representatives of all legal responsibilities.

Parent/ Guardian Signature: _____ Print: _____ Date: _____

Emergency Contact: _____ Relationship to Player: _____ Phone: _____

Registration Fees:

T-ball and 8U divisions-----\$35

All other Age Divisions-----\$45

*Each Additional Player after the 1st player receives a \$5 discount.

Sub Total: _____

To be filled out by a Board Member: Check Number _____ Cash: _____ B.M. Initials: _____