

SPRING LEAGUE REGISTRATION – 2010

Livermore Smoke
P. O. Box 905, Livermore, CA 94551

Phone: (925) 556-5259
www.livermoregirlssoftball.org

PLAYER INFORMATION

Age on Jan. 1, 2010: _____ Age Group: _____

Last Name: _____ First Name: _____ Birth Date: _____

Address: _____ City: _____ Zip: _____

Years Experience: _____ School Attending: _____ Grade: _____

Pitcher: Yes ___ No ___ Years experience _____ Catcher: Yes ___ No ___ Years experience _____

Outfield: Yes ___ No ___ Years experience _____ Infield: Yes ___ No ___ Positions Played _____

Travel Ball experience: Yes ___ No ___ If yes, Years of travel ball experience _____

PARENT / GUARDIAN INFORMATION

ADDITIONAL PARENT / GUARDIAN INFORMATION

Name: _____

Name: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

EMERGENCY CONTACTS (OTHER THAN PARENT / GUARDIAN ABOVE)

Name: _____

Phone: _____

Physician: _____

Phone: _____

Medical Restrictions: _____

Parental Support:

Team Sponsor ___ Manager ___ Coach ___ Scorekeeper ___ Dug Out Mom (Female, 18 yrs+) ___
Publicity ___ Snack Shack ___ Pictures ___ Team Banner ___ Team Snack Schedule ___

Consent for Medical Treatment (minor)

I, the undersigned parent or guardian of the above named player, a minor, do hereby authorize the Livermore Girls Softball Association / Livermore Smoke adult leader as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medial or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practices Act on the medical staff of a hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give a specific consent to any and all such diagnosis and treatment of hospital care which the aforementioned physician and the exercise of his best judgment may be deemed desirable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of CA. This authorization becomes effective on November 1, 2009 and will remain in effect for one year (12 months) unless sooner revoked in writing delivered to said agent.

Risks

I, the undersigned parent or guardian of the above named player, hereby give my approval for her participation in any and all Livermore Girls Softball Association / Livermore Smoke league activities. I assume all risks and hazards to such participation including transportation to and from activities; and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Livermore Girls Softball Association/Livermore Smoke organizers, sponsors, supervisors, participants and persons transporting the aforementioned minor to and from activities, from claims arising out of an injury of any kind whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident and liability insurance. I agree to return upon request the uniform and other equipment issued to my youth in as good a condition as when received except for normal wear and tear. A certified birth certificate and a signed "Zero Tolerance Form" for the above named candidate will be furnished at time of registration.

Uniforms

Registration includes one black jersey, one red jersey, and one sweatshirt.

Sizing available at walk-in registration and 10U/Middle School tryouts. Please Note: All Sweatshirt/Jersey orders are FINAL.

Any changes after registration closes will be at the expense of the guardian.

Signature of Parent/Guardian: _____ **Date:** _____

Official Use

New Player: Birth Certificate verified by: _____

Registration Fees	Family Discount (\$15)*	Total Received	Payment Method	Collected By	Date
TBall & 8U - \$110					
10U & Up - \$145					

*Family Discount applies when family has more than one player for the Spring Recreational Season.

NOTE: There is a \$25 Returned Check Fee / No Refunds after January 1, 2010 / Late Registration Fee of \$10 after Dec 1, 2010

Checks made payable to "Livermore Girls Softball Association"

Copy of registration form to: Registrar Treasurer AGC Team Manager

**Livermore Girls Softball Association-Livermore Smoke
Code of Conduct – PLAYER 2010**
Please read, initial and sign below

ATHLETE:

- _____ I will show respect toward all players, coaches and officials at all times.
- _____ I will not engage in any form of derogatory comments, “trash talking,” foul language, or taunting, regardless of the score. Use of foul language may result in a one game suspension.
- _____ I will not engage in “fighting,” as this could cause your suspension from the league.
- _____ I will not leave the bench or dugout, and encourage all other players to stay on the bench if any disruption occurs.
- _____ Shake hands with the opposing coach before the game and with opposing players and coaches after the game, demonstrating grace in winning and dignity in losing.
- _____ I will attend all practices and games on time, unless previous arrangements have been made with my manager or coach. I understand if I fail to follow this rule, I may be replaced by a player on the waiting list.
- _____ No drugs or alcohol are allowed at any time and that if I violate this policy, I will automatically be suspended from the league.
- _____ I will not put pressure on a manager or coach to play in a certain position or play me more than the mandatory league play rule.

Inability to follow this policy during the season could lead to a disciplinary review with the L.G.S.A./Livermore Smoke Executive Board and possible expulsion from the L.G.S.A./Livermore Smoke organization. L.G.S.A./Livermore Smoke strives on the importance of good sportsmanship. This league was formed with the main goals of teaching softball, having fun, and sportsmanship. All appeals must be presented in writing to the Livermore Smoke Executive Board.

Player Name (Print) _____

Player Signature _____

Parent/Guardian Signature _____

Date _____

**Livermore Girls Softball Association-Livermore Smoke
Code of Conduct –PARENT/GUARDIAN 2010**

Please read, initial and sign below

PARENT/GUARDIAN:

- _____ Insist that your child demonstrates good sportsmanship toward ALL coaches, players and Officials.
- _____ I will not engage in any form of derogatory comments, “trash talking,” foul language, or taunting, regardless of the score. Use of foul language may result in removal from the field and suspension from games.
- _____ I will not engage in “fighting,” as this could cause your suspension from the league.
- _____ Insure that my child attend all practices and games on time, unless previous arrangements have been made with my manager or coach. I understand if I fail to follow this rule, my child may be replaced by a player on the waiting list.
- _____ No drugs or alcohol at any of our fields are allowed at any time and that if I violate this policy, I will automatically be suspended from the league.
- _____ Not put pressure on a manager or coach to play my child in a certain position or more than the mandatory league play rule. This includes questioning the coaching style, technique or philosophy.
- _____ Refrain from approaching a manager/coach during practices and games. Any disagreements or grievances will be conducted outside the presence of players and off the fields. No controversial incident will be addressed by the manager/coaches/board member during games or practices.
- _____ Abide by all posted rules at all field locations. Specifically **NO DOGS** or **NO SMOKING**.
- _____ Volunteering on behalf of the team will be mandatory. This may include but not limited to Opening Ceremonies, snack bar, field prep, publicity or dugout mom.
- _____ All league fees are due at time of registration. In the event of insufficient funds for league fees, apparel or special events/fundraising, you will be charged a \$25 service fee and only cashiers check, money order or cash will be accepted.

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