

WINTER JAMBOREE 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 ___ Infield: Yes ___ No ___ Positions played _____

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

PARENT / GUARDIAN INFORMATION

Name: _____ Name: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

EMERGENCY CONTACTS (OTHER THAN PARENT / GUARDIAN ABOVE)

Name: _____ Phone: _____

Physician: _____ Phone: _____

Medial Restrictions: _____

Parental Support:
Manager ___ Coach ___ Field Prep ___

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.

Signature of Parent/Guardian: _____ Date: _____

Official Use

New Player: Birth Certificate verified by: _____

Registration Fees	Cost	Total Received	Payment Method	Collected By	Date
Winter Jamboree Only	\$30.00				
Winter & Spring Registration*	\$170.00				

*Attach this form with your Spring Registration form.

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 Winter Jamboree Coordinator Team Manager