

**HUDSON GIRLS SOFTBALL RECREATIONAL PROGRAM
SERVING HUDSON GIRLS FOR OVER 30 YEARS**

REGISTRATION FOR SLOW-PITCH:

(CHECK ONLY ONE)

- _____ ROOKIE – Currently in Kindergarten & Grade 1 (coach pitch) (team assignments distributed after May 1)
- _____ NATIONAL LEAGUE – Currently in Grades 2 & 3 (coach pitch) (team assignments distributed after May 1)
- _____ AMERICAN LEAGUE – Currently in Grades 4 & 5 (player evaluations in April, date TBA)
- _____ JR. HIGH LEAGUE – Currently in Grades 6, 7 & 8 (player evaluations in April, date TBA)
- _____ HS LEAGUE - Grades 9 thru 12 ****TRYOUT REQUIRED** (to be held in March)

All slow-pitch games are played in Hudson, with the exception of HS league which also plays in Macedonia.

Most teams play 2 games per week Mon. – Thurs., with occasional Friday or Saturday games. Weeknight games begin at 6:15-6:30PM and Saturday games TBD. Makeup games and end-of-season play may require additional game times. Season runs early June thru mid-July.

REGISTRATION: See our website, www.hgsa.org for the in-person registration date & time.

FEE: \$95 (\$70 for second child and \$50 for each additional) – full uniform is included in fee

Please make checks payable to: HGSA

Registration may be made by mail. Please enclose registration form (return white and yellow copy – keep pink copy for your records) and check to: HGSA P.O.Box 906 Hudson, OH 44236 QUESTIONS? Call HGSA INFO LINE @ (330) 656-4894

****Registration will not be denied for financial reasons. For financial assistance please call (330) 656-4894 ****

REGISTRATIONS RECEIVED AFTER March 1 MAY NOT ENSURE ENROLLMENT AND WILL REQUIRE A \$25 LATE FEE. No refunds will be issued after March 1st.

AN ADEQUATE NUMBER OF COACHES ARE ALSO NEEDED – LACK OF VOLUNTEERS MAY LIMIT ENROLLMENT. BACKGROUND CHECKS FOR ALL COACHES ARE REQUIRED.

PLAYER INFORMATION (Please print)

NAME _____ DATE OF BIRTH _____

Address _____ Height _____ Weight _____

City, Zip _____ E-mail _____

Parents' names _____ Phone(s) _____

Did you play last year and where _____ Grade to be completed by June, _____

Were you a pitcher? _____ catcher? _____ Were you on the all-star team? _____

Do you have any limitations of which the coach should be aware? _____

*****NOTE: OTHER THAN SISTERS, IT IS NOT POSSIBLE TO TAKE REQUESTS FOR PLACEMENT ON A TEAM.*****

IMPORTANT: Please include information on any conflicts you may have during the season (vacations, swim team, soccer games, etc.):

DATES/DAYS OF WEEK: _____

LIABILITY WAIVER/TRANSPORTATION WAIVER

I, hereby acknowledge that participation in Hudson Girls Softball Association programs has certain inherent risks, including but not limited to back injury, broken bones, concussion, muscular strains, etc. With full knowledge and understanding of these inherent risks, I desire my child/children named on this registration form, to participate in this program.

I, the undersigned parent or guardian of the above named minor(s), do for ourselves, executors, administrators, heirs, agree to enroll my child/children and abide by the rules of the Hudson Girls Softball Assoc. and its members, affiliated organizations, and indemnify and hold harmless the Board, contractors and affiliated organizations, offices, coaches, referees or sponsors for any claim that might be asserted by me or on behalf of my child as a participant in this program.

Date _____ Parent/Legal Guardian _____

PART I

As parent or legal guardian of the above named participant(s), I hereby give my consent for emergency care prescribed by a duly licensed doctor of medicine. This care may be given under whatever conditions are necessary to preserve life, limb, or the well being of my dependent.

Date _____ Parent/Legal Guardian _____ Emergency Phone _____

PART II

I have read Part I and **do not** wish to sign the above. I **do not** give my consent for emergency treatment of my child/children. In the event of illness or injury, I wish authorities to take no action or (specify): _____

Date _____ Parent/Legal Guardian _____

COACHES REGISTRATION: PARENTS: The success of this program depends on your willingness to help. Please note the following areas in which you are willing to participate:

COACH (Name): _____ **Phone(s)** _____

ASSISTANT COACH (Name): _____ **Phone(s)** _____

E-mail: _____

ALL Coaches: Mandatory meeting for all coaches: Date and time will be mailed to each coach.

American & Jr. High Players & Coaches: Skill assessment & draft in April. Exact date and time will be mailed.