Decatur County Girls Softball
2022 Fast Pitch Registration Form

Player Name: _____

DOB:_____ Age as of Jan. 1st_____ Experience FP _____yrs. Positions Played FP_____

Pitcher : YES ☐ NO ☐ **Catcher:** YES ☐ NO ☐

Age Division: ☐ **10 & Under** ☐ **13 & Under** ☐ **17 & Under**

Interested in being a: COACH ☐ **ASST. COACH** ☐

Shirt Size: ☐ Youth Small(6-8), ☐ Youth Medium (10-12), ☐ Youth Large (14-16) **(Check One)**

☐ Adult Small, ☐ Adult Medium, ☐ Adult Large, ☐ Adult XL, ☐ Adult XXL ☐ Adult XXXL

Parent or Guardian: _____

Address:_____

Phone #:_____ Cell #:_____ Emergency Phone#:_____

Secondary Contact: _____

Phone #:_____ Cell #:_____ Emergency Phone #:_____

Does your child have any medical condition that the coach or organization should be aware of? Yes ☐ No ☐

If yes, please give details._____.

Player Fees: $50 **$45 if this Child is signed up for Slow Pitch**

Player Fee Paid:$_____ Check / Money Order / Cash *(Do not mail cash)*

(A $35 Service charge will be applied to all returned checks)

***You may mail your registration form along with a check or money order to:**

DCGSA 4548 North Co Rd 420 West, Greensburg, IN 47240.

For Questions: Please call President Dave Gearhart **812-593-2670** or VP Jim Wall **812-593-4754**

Release/Concent for Medical Treatment

I/We do hereby release and discharge the Decatur County Girls Softball Association and the respective staff and volunteers, of any and all rights and claims for damage resulting from injury of my person or property, which may be sustained or suffered by me in connection with my association with or participating in, activities connected with the Decatur County Girls Softball Association. Furthermore I/We give permission for emergency treatment of our child for illness/injury if we can not first be contacted.

Signature of Parent/Guardian:_____ Date:_____

* Late registrations are subject to board approval, additional $10 late fee and player is not guaranteed a jersey

Administration notes: