

LGSL Registration form (Open to all girls ages 5-19 as of 1/01/10)

Name:	Date of Birth:
Address:	Telephone: _____ Cell Phone: _____
City: _____ Zip _____	E-Mail: _____
School:	Present Grade: _____

Parents Name: _____	Parents Telephone: _____
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Division Fees (includes Team Photo)

Amount per Player	Division	Grade Levels	Division Coordinator	Phone Number
\$ 45	Instructional	K – 2	Steve Tompkins	457-1908
\$ 60	Developmental	3 – 5	Bill Howard	491-8290
\$ 65	Junior	6 – 8	TBA	
\$ 70	Senior	9 - 12	Rich Almeida	453-0812

Family Discount \$15 per family with 3 or more children playing.

FOR LEAGUE USE ONLY
<input type="checkbox"/> Cash \$ _____ <input type="checkbox"/> Check # _____ \$ _____ Int. _____
Please make checks payable to LGSL

Last year teams name: _____ # of years played: _____

Position Played: _____

Shirt Size:
 Child Medium (8-10)
 Child Large (12-14)
 Adult Small
 Adult Medium
 Adult Large
 Adult XL
 Adult XXL

Parent Participation:

I/we agree to serve in the following capacity:

Executive Board
 Manager
 Coach
 Concession Stand
 Team Sponsor
 Field Maintenance

Parent Agreement: I, the parent or legal guardian of the above named LGSL registrant, hereby give my approval to same for the participation in any and all league activities during the 2010 season. I assume all risks and hazards, incidental to such participation, including transportation to and from the activities, and I do hereby waive, release, absolve, indemnify and agree to hold harmless the League, its Executive board, sponsors, coaches, managers, and persons transporting my child to or from activities for any claim arising out of the injury to my child, while playing or being transported. I also agree to abide by the rules of the LGSL as interpreted by the Executive Board. I also give permission for my child's picture to be published on LGSL's website.

Signature _____ Relationship _____ Date ____ / ____ / ____

*** 12 pack of Coke / Pepsi Products appreciated at sign up.**



LIVERPOOL GIRLS SOFTBALL LEAGUE

AT A GLANCE.....

LGSL for 2010 Season: Celebrating 38 years of existence

Mission and Goals: *Our mission is to provide organized softball for young women in our community. Our goals are for young women to:*

- Develop lifelong physical, social, mental sportswomanship and leadership abilities
- Experience the joy that comes from both individual effort and team work
- Learn to balance performance results, enjoyment, and learning in all pursuits.

League Administration: A volunteer board, which elects its executive officers and appoints others, oversees all league operations. The board meets monthly from September through July, scheduling additional meetings to address specific events/issues as they arise. All Board meeting are open to all league parents. Dates are listed on the web site.

Operating Costs: Sponsorship fees, participant registration fees, and donations are used to meet league costs (insurance, umpire fees, equipment, etc.) and to provide each girl with a team photo and uniform that bears the sponsor's name.

LGSL plays and practices at its home field complex at the Town of Salina's Electronics Park and at fields provided by the Liverpool Central School District.

Major 2010 Events & Dates:

- Registration
 - **Liverpool Public Library ~**
 - **Saturday, January 30, 2010 1:00 – 4:00 pm**
 - **Saturday, February 27, 2010 12:00 – 3:00 pm**
 - **Sunday, March 14th, 2010 1:00 – 3:00 pm**
- Managers Orientation:
 - **Wednesday, March 31, 2010 - 7:00pm ~ 9:00pm**
 - Longbranch Elementary School
 - **MANDATORY for all Managers & Coaches** (Parents are Welcome)
- Equipment Pick up for all Coaches:
 - Saturday, April 3, 2010
- Practice begins the week of April 5, 2010
- **Games Start the week of May 3, 2010**
- Photo Dates:
 - Instructional, Developmental, and Juniors
 - Saturday, May 15th, 2010 from 1:30 to 3:30 pm.
 - At the Liverpool Library Carmen Room – schedule to be handed out.
 - Senior Pictures TBA.
- Senior Tournament - TBA

Division Coordinators

<i>Division</i>	<i>Grade Levels</i>	<i>Division Coordinator</i>	<i>Phone Number</i>	<i>Nights Played</i>
Instructional	K – 2	Steve Tompkins	457-1908	Tues. & Sat.
Developmental	3 – 5	Bill Howard	491-8290	Mon. & Wed.
Junior	6 – 8	OPEN POSTION-contact Steve Tompkins if interested.		Thurs. & Sun.
Senior	9 – 12	Rich Almeida	453-0812	Tues. & Sun.

*** 12 pack of Coke / Pepsi Products appreciated at sign up.**

Visit LGSL on the web at www.lgsl.org for League News

LGSL Softball Registration Packet

Open to all girls, ages 5-19 as of 1/01/10 living in Central New York

4 Slow Pitch Divisions with Girls in grades K to 12+

New Players Are Always Welcome!

Registration:

Liverpool Public Library Community Room

Saturday*	January 30 th , 2010	1:00 pm.	to	4:00 p.m.
Saturday*	February 27 th , 2010	12:00 p.m.	to	3:00 p.m.
Sunday*	March 14 th , 2010	1:00 p.m.	to	3:00 p.m.

Please note: *Registration* will be done on a *first come, first served* basis.

Develop leadership, teamwork and athletic skills. Come join the action!

*** 12 pack of soda would be appreciated at sign up.**

See inside for more information

Visit LGSL on the web at www.lgsl.org for league news

If your child needs medical, dental health or hospital services you as a parent must give permission. It's the law.

What about times when you cannot be reached for permission? A child may be treated without parental consent when a physician determines a true emergency exists. That means the doctor determines the child needs immediate medical care and that an attempt to obtain parental consent would result in a delay which would increase the risk to the child's life or health.

Except in a true emergency, care may be ordinarily rendered to a child only with the consent of the parent or legal guardian. Sometimes a child may need unexpected care, which is not however, a true emergency. In such cases, making an effort to contact a parent or guardian for permission can delay treatment and create unnecessary anxious moments for the child.

You can prepare for unexpected care your child might need when you are away from home. To do this, make sure we have a cell phone number or a

home residence has information of how to reach you. When you are unavailable you can give permission to other adults. They can act for you by permitting your child to be treated if unexpected care is needed.

This is a legal document. With it you may appoint relatives, friends, teachers, clergy, and neighbors – anyone who is over 18 years of age – to be responsible for your children while you are away from them. It is especially important to prepare this form for the occasions when you know it will be hard to contact you.

Fill out the form carefully. Have your signatures witnessed by an adult different from the person you are making responsible for your children.

After you complete this form, give it to the adult(s) you have named to act on your behalf. If your child needs unexpected medical treatment, the responsible adult(s) should present this document to the appropriate person – physician, dentist or hospital representative.

AUTHORIZATION FOR MEDICAL TREATMENT OF MINORS

Name of Minor	Birthday	Identify allergies or special conditions

I/We being the parent(s) or legal guardian of the above minor, do hereby appoint:

NAME:	ADDRESS:	PHONE:
LGSL SOFTBALL COACH	NAME:	PHONE:

To act in my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor during the period of my/our absence from

Month: APRIL Day: 1ST Year: 2010	THROUGH	Month: AUGUST Day: 31ST Year: 2010
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This document shall be presented to a physician, dentist, or appointed hospital representative at such time as unexpected medical, dental, surgical care or hospitalization may be required.

PARENT/GUARDIAN	PARENT/GUARDIAN
Signature:	Signature:
Address:	Address:
Witness:	Witness:
Signature:	Signature:
Address:	Address:

HOSPITALIZATION COVERAGE FOR ABOVE NAMED MINOR:

INSURANCE COMPANY OR GOVERNMENT PROGRAM	I.D. OR CONTACT NUMBER

FAMILY PHYSICIANS:

NAME AND PHONE NUMBER	NAME AND PHONE NUMBER