

DECATUR DIXIE GIRLS SOFTBALL
Fall Ball League Registration Form
P.O. Box 491 Decatur, AL 35602
www.ddgs.org

20_____

Last _____ First _____ Middle _____
(Full name as it appears on birth certificate)

Address _____ City _____

Zip _____ Date of Birth ____/____/____ Grade _____ School _____

Mother (Guardian) _____ Phone _____
(Best # to contact you day and night)

Employer _____ Phone _____

Father (Guardian) _____ Phone _____
(Best # to contact you day and night)

Employer _____ Phone _____

EMAIL _____

Child Shirt size: YS YM YL AS AM AL AXL A2X *Please circle one*

Parent Shirt size: QTY _____ AS _____ AM _____ AL _____ AXL _____ A2X _____ A3X

(\$12 per shirt \$15 2X and up)

QTY: _____ Total \$ _____ (Add amount to Registration price below)

Played DDGS in Spring 20_____ Division _____ Team _____ Position _____

REGISTRATION FEE

(1st child in family pays full price, each additional sibling pays \$5.00 less)

Early Registration (June 1 – June 30) \$35.00 _____

Regular Registration (July 1 – Sept 17) \$40.00 _____

Sibling name _____ (\$ 5.00) _____

(Please list name of sibling who is paying full registration fee)

PARENT SHIRTS MUST BE PAID IN FULL AT TIME OF REGISTRATION OR ORDER WILL NOT BE PLACED. \$ _____

Total Paid: (Registration fee plus parent shirts) \$ _____

Please fill out the above information completely. Read and sign below.

PARENTAL AUTHORIZATION

I, parent or guardian of the above named candidate for a position in Decatur Fast Pitch Softball, Decatur, Alabama, hereby give approval to her participation in any and all league activities during the current season. I assume all risk and hazards incidental to such participation including transportation to and from the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the parent or local league organization, the organizers, sponsors, supervisors, participants, and persons transporting the girl to and from activities, for any claim arising out of an injury to the girl, except to the extent and in the amount covered by accident and/or liability insurance held by the local league.

I also grant permission to managing personnel or other league representative to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should the girl become ill or injured while participating in league activities away from home, or at other times when neither parent is available to grant authorization for emergency treatment.

I will furnish a certified birth certificate of the above named player.

Parent or Guardian Relationship Date

(Mail completed form along with payment to Decatur Fast Pitch, P.O. Box 491, Decatur, AL 35602)

(FOR OFFICIAL USE ONLY)

Total Amount paid _____ Method _____ Registration _____ Sibling Discount _____