



DOWN EAST GIRLS SOFTBALL LEAGUE

2010 REGISTRATION and CONSENT FOR TREATMENT FORM



Player's Name: _____

Address (No PO Boxes): _____

Street City Zip

Birthdate: _____ Age as of 1/1/2010: _____

Uniform Size: Jersey _____ Pants/Shorts _____

Last Year's Team: _____ School: _____

Home phone: _____ Player's Cell Phone: _____

Mom's Name: _____ Dad's Name: _____

Mom's Cell Phone: _____ Dad's Cell Phone: _____

Mom's Work Phone: _____ Dad's Work Phone: _____

Mom's Home Email: _____ Dad's Home Email: _____

Mom's Work Email: _____ Dad's Work Email: _____

If you want to receive automated text messages when games and practices are cancelled, please provide the name of your cell carrier along with the number.

RELEASE OF LIABILITY

I DO HEREBY AND FOREVER DISCHARGE THE PARTICIPANTS, INSTRUCTORS, LEAGUE OFFICERS, COACHES, STAFF, AND ADMINISTRATION OF THE CC PARKS AND RECREATION AND THE DOWN EAST GIRLS' SOFTBALL LEAGUE FROM ANY AND ALL ACTIONS, CLAIMS, AND DEMANDS, LOSS OR INJURY WHICH HEREAFTER MAY BE SUSTAINED BY ME OR MY CHILD IN CONSEQUENCE OF PARTICIPATION BY SAID PERSON IN THIS ATHLETIC PROGRAM.

CONSENT FOR TREATMENT

IN CASE OF AN ACCIDENT OR ILLNESS, I HEREBY AUTHORIZE A REPRESENTATIVE OF BABE RUTH LEAGUE, INC. TO USE HIS/HER JUDGMENT IN OBTAINING IMMEDIATE MEDICAL CARE.

Family Physician: _____ Phone: _____

List Any Allergies: _____ Required Meds: _____

League Accident Insurance Co: K & K Insurance Group # _____

PARENTS WILL BE NOTIFIED IN CASE OF SERIOUS ILLNESS OR INJURY AS QUICKLY AS THEY CAN BE REACHED, BUT THIS WILL MAKE IMMEDIATE TREATMENT POSSIBLE.

Permission is hereby granted for my child, _____, to participate in the Down East Girls' Softball League 2010 Season.

Parent Signature

Date

Official League Use only

Registration Fee (circle one) Name of sister (if \$40 is circled) _____

\$50 / \$40 / \$30 (6u) Cash _____ Check No. (if applicable) _____

Registrar _____ Date Rec'd with payment _____ Birth Cert. needed _____



Registration Info 2010

1. Forms and payment may be turned in at:

<i>Smyrna Gym</i>	Jan. 9	9 am – 12 pm
	Jan. 16	11 am – 1 pm
	Jan. 23	9 am – 12 pm
	Jan. 30	9 am – 11 am
Beaufort MS Gym	Jan. 16	9 am – 11 am
Atlantic Gym	Jan. 16	1 pm – 2:30 pm

2. Forms and payment may be turned in to:

Cara Salter at Beaufort Elementary School
Cindy Brown at Atlantic School
Shelley Garner at Smyrna School
Sharon Stanley at HI School
Adron Nelson at Atlantic School

3. Forms along with payment may be mailed to: DEGSL
PO Box 2273
Beaufort NC 28516

4. Registration deadline is February 13, 2010

5. An original or certified copy of the birth certificate will be needed to register all girls who have not previously played on a DEGSL team. Once a Babe Ruth card is ordered for that player, the certificate will be returned to the parents. The Babe Ruth card is good as proof of age in Babe Ruth Softball for a lifetime.

6. Cost is \$50 for 1st girl and \$40 for each of her sisters for 8U – 18U. The cost is \$30 each for 6U. Make checks payable to: DEGSL

7. New players and players aging up to a new team will be drafted on Saturday February 20, 2010 at Eastern Park. 6u Division begins at 1 pm, 8u Division at 2 pm, 10u Division at 3 pm, 12u Division at 4 pm. Girls aging into a division in which they double-rostered last season are exempt from having to be drafted. Girls should dress as if for a practice.

8. Players, coaches, and Team Moms are all needed.

9. For more info, visit us on the web at :

WWW.DEGSL.ORG