



2008 OAKLAND GIRLS SOFTBALL LEAGUE REGISTRATION FORM

Welcome to the Oakland Girls Softball League.
Please complete ALL SECTIONS of this form (front and back).

LEAGUE USE ONLY	Date received	
	Check No.	
	Amount	
	Player ID	

PARTICIPANT INFORMATION

Name: _____
 Birth date: _____
 Address: _____

 Phone: _____
 Alternate Phone: _____
 Email: _____

PRACTICE DAYS

Indicate the **ONE** weeknight you cannot practice _____

TEAM BUDDY

(Please read policy, page 2) _____

Include special/misc.information _____

EMERGENCY/MEDICAL INFORMATION

Health Plan _____
(please include participant ID# if available):

Doctor's Name: _____

Doctor's Phone Number: _____

Medical Notes _____

(include allergies, current medications or other pertinent medical information/health concerns):

PREVIOUS EXPERIENCE

What league/age division did you play in last season?

What team did you play for last season?

Number of Years Played: _____

Skill level: (check one)

- Novice
- Intermediate
- Intermediate +
- Advanced

Position (if any): _____

PARENT/GUARDIAN INFORMATION

Name: _____
 Relationship: _____
 Address: _____

 Phone: _____
 Alternate Phone: _____
 Email: _____

Volunteer Duty:

- | | |
|---|--|
| <input type="checkbox"/> Head Coach | <input type="checkbox"/> Assistant Coach |
| <input type="checkbox"/> Age division coordinator | <input type="checkbox"/> Scorekeeper |
| <input type="checkbox"/> Team fundraising coordinator | <input type="checkbox"/> Field preparer |
| <input type="checkbox"/> Team manager | <input type="checkbox"/> Umpire liaison |
| <input type="checkbox"/> Team Photo Day coordinator | <input type="checkbox"/> Chaperone coordinator |

Additional Contact: (optional)

Name: _____
 Relationship: _____
 Address: _____
 Phone Number: _____

YOUR AGE GROUP

- _____ 7U (DOB: 7/1/00-12/31/01)
- _____ 8U (DOB: 1/1/99-12/31/99)
- _____ 10U (DOB: 1/1/97-12/31/98)
- _____ 12U (DOB: 1/1/95-12/31/96)
- _____ 14U (DOB: 1/1/93-12/31/94)

SIBLING(S)

Sibling registrations are eligible for a \$15 discount. Enter the name(s) of any siblings who will be playing this season:

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OGSL POLICIES

Please read and initial the following to acknowledge your compliance with OGSL guidelines and policies, which are required for all participants and their families.

ADULT BEHAVIOR

I (we) will support our daughter's team managing staff. By civil law it is forbidden to use profanity, alcohol, tobacco, or illegal drugs during any Oakland Girls Softball activity. I (we) realize that I (we) are subject to being removed from participation for any inappropriate adult behavior. For the benefit of all the girls I (we) will be the finest example of adult Citizenship, Friendship, Leadership, and above all Sportsmanship. Initial _____

PARTICIPATION

I do hereby give consent for my child to actively participate in all activities of this Oakland Girls Softball League in whose League boundaries, I (we) affirm to reside. I (we) assume all risks and hazards, which are incidental to the conduct of the Oakland Girls Softball Approved Activities. Oakland Girls Softball Registration provides Accident/Medical, Liability Insurance and participation in the Scholarship Fund. Insurances coverage includes team practices, scheduled games, and all approved/sanctioned Oakland Girls Softball Tournaments and ASA Tournaments. It is understood that in the case of emergency every effort will be made to contact me (us) at the number(s) listed in my child's player record. The undersigned parent(s) or legal guardian(s) of the player, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical diagnosis rendered under general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act, or a dentist licensed under the provisions of the Dental Practice Act and on the staff at any acute general hospital currently licensed by the State Department of Public Health. This authorization is given pursuant to the provisions of the civil code in my (our) home state. Consent remains in effect until 4/1/2009. It is acknowledged that it is the responsibility of players' parents to notify the league of any and all restrictions such as allergies, asthma, heart condition, physical impairment, special medications or other pertinent information preventing your daughter's complete and full physical participation. Initial _____

TEAM BUDDY (7U & 8U only)

The league makes every reasonable attempt to honor Team Buddy requests in this division, however, no guarantees are made regarding the placement of a particular child onto a particular team. The team formation process and ensuing placement decisions are the responsibility of the league Player Agent, who has final authority in these matters. Initial _____

TEAM BUDDY (10U, 12U & 14U only)

Team Buddy requests are given strongest consideration in the youngest age divisions, and the least considerations in the older divisions. No guarantees are made regarding the placement of a particular child onto a particular team. The team formation process and ensuing placement decisions are the responsibility (in conjunction with the appropriate age division commissioners) of the league Player Agent, who has final authority in these matters. Initial _____

VOLUNTEER DISCOUNT & REFUND POLICY

As a volunteer coach or board member, families are eligible for a \$15 discount (in the form of a refund) on their registration fees. The refunds will be issued after teams have been formed and duties have been established. If necessary, the full registration fee will be refunded upon request prior to February 1, 2008. Upon request received between February 1 and March 1, 2008, 50% of the registration fee will be refunded. After March 1, no refunds will be processed, due to costs already incurred by the league on the player's behalf. Initial _____

REGISTRATION FEES

___7U	\$110
___8U	\$110
___10U	\$130
___12U	\$130
___14U	\$130

Early Bird Registration -- before December 31, 2007, deduct \$10.

SPONSORSHIP/DONATIONS:

OGSL strives to introduce softball to and include girls of all economic backgrounds. In doing so, we offer scholarships to those who cannot afford to join the League. Your sponsorship contributions are tax deductible!

___SINGLE-25% Sponsorship	\$35
___DOUBLE-50% Sponsorship	\$70
___TRIPLE-75% Sponsorship	\$105
___HOMERUN-100% Sponsorship	\$140

PAYMENT

Please make a check for registration fees plus any sponsorship contributions payable to OGSL and attach to this form. Forms can be mailed to OGSL P.O. Box 21296 Oakland, CA 94620. Credit card registration can be completed through www.sportability.com. For questions, please contact Registrar@ogsl.org.

Parent Signature _____

Print Full Name _____ Date _____