

2015 Washington Township Girls Softball League Sign-ups



When: February 24th, 2015

Where: Jefferson Junior High Cafeteria

Time: 6:00 – 8:00 PM

League Fee: \$50.00 (\$55 after March 10th)

Please bring the following with you:

1. A completed WTGSL Players Contract filled out completely contracts can be found at www.wtgsl.org
2. A check or money order for the league fees. **CASH IS NOT ACCEPTED.** Make checks out to “WTGSL”. Please print the player's name on the memo line.
3. Proof of residency and grade for all 3rd grade girls and any girl new to the league. Any girl not signing up for the same team they played for last year must prove residency for the school they are signing up for.

Proof of residency can be in the form of a grade card that shows the player's home address and/or an utility bill with the parent's/guardian's name.

Players that come without the necessary items will be able to sign-in but, won't be placed on a team until the organizer has collected everything

Teams will be organized and filled based on sign-up sheet order after returning girls from last year's teams are placed.

Typical game days and times are:

- 3rd / 4th grades play on Tuesdays and Thursdays starting at 5:15 PM
- 5th / 6th grades play on Tuesdays and Thursdays starting at 7:00 PM
- Junior High plays on Mondays and Wednesdays starting at 5:15 PM
- High School plays on Mondays and Wednesdays starting at 7:00 PM

These days and times are subject to change based on the overall number of teams

The last day to request a league fee refund is Sunday, May 3rd

If you have any questions, please contact Todd Burgy at 419-350-7815 or go to www.wtgsl.org for more info

Please Print

PLAYERS CONTRACT

Player name _____ Date of Birth _____

Address _____ Phone Number _____

Residing Elementary District _____ Attended School _____

Parent/Guardian Name _____ Current Grade 3rd 4th 5th 6th 7th 8th HS

My daughter has permission to participate in the Washington Township Girls Softball League (WTGSL). I will not hold the WTGSL or its representatives responsible for injuries, damages or losses that my child or I may incur during the softball season. I understand that a medical release may be requested by the League prior to my daughter's eligibility to participate in the WTGSL.

By signing below you acknowledge the following: that you are the legal guardian of the player; that you have read and agree to the above waiver and release of liability; that you know that the league by-laws can be found on www.wtgsl.org and that you agree to abide to these by-laws.

Parent / Guardian Signature _____ Date _____

Organizing Section

Coaches name from last year _____

Would you be interested in coaching? Y / N Suggest A Coach: _____

Comments or Requests: _____

* Please note that these are "requests" and will only be considered if possible *

EMERGENCY MEDICAL AUTHORIZATION

* Please write "none" where applicable *

Name of Child _____ Address _____

Date of Birth _____ Cell Ph# _____ Home Ph# _____

Doctor's Name _____ Ph# _____

Insurance Carrier _____ Policy # _____

Preferred Hospital _____ Wears Contacts? Y / N

Known Medical Condition _____ Known Allergies _____

I hereby give my consent for immediate medical treatment if I am not available when my child needs treatment.

Parent / Guardian Signature _____ Date _____

Print Name _____

www.wtgsl.org