

TOMBALL GIRLS SOFTBALL ASSOCIATION

(281) 516-9093 www.eteamz/tgsa.com

Fall 2012 League Registration Form

If mailing this form, send it to TGSA, PO Box 1486, Tomball, TX 77377 with a copy of the player's birth certificate and a check for the registration fee and buyout fee if applicable

Age Division:
Please circle proper
age division

BlastBall (ages 3-4)

T-Ball (6U)

8U

10U

12U

14U

16/18U

Age division determined by the player's age as of January 1 of the current year

Player's Name:
(as on birth certificate)

Last Name

First Name

Grade:

School:

Home Address:

City/Zip:

Home Phone:

Date of Birth:

(00/00/0000 format)

/ /
Month Day Year

Primary E-mail:

Secondary E-mail:

Shirt Size:
(please circle)

YS YM YL AS AM AL AXL

Mother's Name:

Mother's Cell Phone:

Father's Name:

Father's Cell Phone:

Additional comments/information:

We Need Your Help!

TGSA is a NON-PROFIT organization. The programs and facilities are supported by volunteers without which the league could not exist. We ask for active participation from ALL PARENTS in our program. Please check the areas in which you can assist.

Manager

☐

Team Mom

☐

Coach

☐

Team Sponsor

☐

Name:

Fees Received

\$60.00 8U-18U • \$20.00 BlastBall

Registration Fee rec'd

Candy Buyout Amt rec'd

Total Paid:

Ck #:

Rec'd by:

Date:

Notes:

RELEASE AND AGREEMENT

I, the parent or legal guardian of the above-named participant, hereby give my approval for his/her participation in all Tomball Girls Softball Association (TGSA) activities and assume all risks, hazards and liabilities directly and indirectly incidental to such participation including transportation to and from the activities. Further, and I hereby waive, release, absolve, and agree to indemnify and hold harmless TGSA, its Officers, Coaches, Assistant Coaches, Board of Directors, sponsors, persons transporting the above-named participant to and from TGSA activities, other participants, and any participating officials appointed by TGSA, from any and all claims, including, but not limited to personal injury, bodily harm or property damage, arising from the above-named participant's participation in TGSA activities, whether the result of negligence or for any other cause. I grant permission to TGSA, its Officers, Coaches, Assistant Coaches, and Board of Directors to authorize and obtain medical care from any licensed physician, hospital, or medical clinic, should the participant become ill or injured while participating in TGSA activities when a parent or legal guardian is not available to grant permission for emergency treatment.

Print Name:

Date:

Signature:

How did you hear about TGSA (please circle): School Flyer Road Sign Website Email Friend Newspaper Other