

**GOSHEN RECREATIONAL BASEBALL/SOFTBALL LEAGUE
Registration Form**

Circle Sport:

T-Ball Coach Pitch Minor League Softball Little League

Players Name: _____ Sex: Male Female

Address: _____ City: _____ Zip Code: _____

DOB: _____ Phone: _____

Shirt Size: _____

Parent(s)/Guardian(s): _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

FOR MEDICAL TREATMENT (MINOR)

As a parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Signature of Parent/Guardian

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Goshen Recreational Baseball League. Recognizing the possibility of physical injury associated with athletics and in consideration for the Goshen Recreational Baseball League accepting the registrant injury associated with Sports Programs and activities. I hereby release, discharge and /or otherwise indemnify the league, its affiliated organizations and sponsors, and its volunteers, including the owners of the facilities utilized for the Program, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and /or being transported to or from the same, which transportation I hereby authorize.

Parent/Legal Guardian (Please Print) _____

Signature _____ Date _____

REGISTRATION FEE MUST BE PAID TO COMPLETE REGISTRATION.

----- **FOR OFFICE USE ONLY!** -----

League Age: _____ PAID: Cash Check # _____ Receipt # _____ Received By _____

Official Registration Date and Time: _____