GSA

Barrington Girls Softball Permission & Medical Form

Date:_____

As parent or Legal Guardian of_____, I hereby grant permission to have my daughter or ward participate in softball practice or team play as sponsored by the Barrington Girls Softball League.

Furthermore, I hereby release the Barrington Girls Softball League, its Officers and members from any legal and/or financial responsibility resulting from actions of or injury to my daughter or ward while in practice or team play. It is my understanding that every player will be covered by accident insurance. This insurance does not cover eye glasses or artificial dentures. I also understand that any personal property or equipment is the sole responsibility of my daughter/ward and that the Barrington Girls Softball League, its Officers, managers and coaches are not responsible for lost or stolen items.

_____ _____

Player's birth date Signature of parent or guardian

Please print parent/guardian last name if different than child's

Mother_____ Father_____

Address_____ E-Mail *_____

Phone #_____

Emergency contact_____

Medical Information - Please print clearly

Daily Medications_____
Allergies to Medications_____
Other Medical Conditions_____

Shirt Size S M L XL

GSA Registration Fee: League Player $50.00 Non-League Player $70.00
18U Player $80.00

Make checks payable to BGSL. There will be a $15.00 fee for any returned checks.

* E-Mail will only be used to keep you up to date about League events. Your E-Mail address will not be sold or given to any other organization or company.