

Abington Girls Softball



2010 FALL BALL

Age Levels Offered : U18; U14; U12; and U10

Following is a schedule of fees:

*Softball Fee	\$25
**Field Maintenance Fee	\$10
Total Cost to Register	\$35

Please make all checks payable to Abington Girls Softball

**Please note that this \$25.00 Softball Fee covers the cost of Abington Girls Softball's participation in the South Shore League's Fall Softball League and up to one (1) out of town weekend tournament. In the event your daughter's team elects to participate in an additional out of town tournament, an additional amount will be assessed to cover the cost of the team's participation in such tournament (based upon the number of girls on the team). Uniforms are not included in the \$25.00 Softball Fee. If your daughter requires a uniform, please contact your daughter's coach for information.*

***Please note that the field maintenance fee is being imposed on our program by the Abington Park & Recreation Department.*

Your daughter will be placed on a team based upon her age and demonstrated abilities during the Spring and Summer seasons. Coaches will be in contact once teams are organized.

See the separate form for registration.

Please visit our website at www.AbingtonGirlsSoftball.com

2010 Abington Softball League for Girls Registration

League Address: P.O. Box 467, Abington, MA 02351

League Phone: 781-635-3870

2010 FALL BALL

Name: _____ Birth date: _____

Address: _____ Telephone: _____

Grade: _____ (as of September 2010)

Medical Problems?: _____

Family E-mail: _____

Special Request (sisters team, etc.): _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by all the rules of the Abington Softball League for Girls (ASLFG) and its affiliated organizations. Recognizing the possibility of physical injury associated with softball and in consideration for the ASLFG accepting the registrant for its softball programs and activities, I hereby release, discharge and/or otherwise identify the ASLFG, its affiliated organizations and sponsors, their employees and associated personnel, including owners of field and facilities utilized for the programs, against any claim by or on the behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same.

Parent Name: _____ Signature: _____

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

Parent Name: _____ Signature: _____

Consent for Medical Treatment