

# 2005 Signal Mountain Girls Softball

Signal Mountain Girls Softball Association  
P.O. Box 657 Signal Mountain, TN 37377

## Registration Schedule

February 19, 2005 and February 26, 2005, 9:00am to 1:00pm Signal Mtn.Town Hall

### Signal Mountain Girls Softball Association Statement:

Please be conscious of your daughter's commitment to the League, their Team and their other Teammates. Absences from practices and games lessen everyone's ability to have a wonderful season.

### Registration Fees

Age 5-6 \$55.00  
Age 7-8 \$60.00  
Age 9-11 \$65.00  
Age 12-18 (Teens) \$70.00  
Fee limit: \$125.00 (per family)

### Evaluations ~ Saturday, March 5<sup>th</sup>

Age 5-6 No Evaluations/Assigned to a Team  
Age 7-8 - 9:00am to 10:30am  
Age 9-11 - 10:30am-12:00pm  
Age 12-18 (Teens) - 12:00pm to 1:30pm  
(Ball Fields behind the Country Club)

### Please Print

Player's name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
Email address: \_\_\_\_\_ (for league info only, not for distribution)

### Make checks payable to S.M.G.S.A.

Age as of Jan. 1, 2005 \_\_\_\_\_ Uniform Size \_\_\_\_\_ Cash: \_\_\_\_\_  
Present age \_\_\_\_\_ Check : \_\_\_\_\_  
Number of years played \_\_\_\_\_ Youth Shirt S M L XL  
Will serve as head coach \_\_\_\_\_ Adult Shirt S M L XL  
Will assist coach \_\_\_\_\_

League:    5/6        7/8        9/11        Teen

### Parental Authorization and Waiver of Claims

I, Parent, guardian, of the above or I named candidate in the Signal Mountain Girls Softball League, hereby give approval to said child's participation in any and all league activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from the activities: and on behalf of myself and the player, her heirs and successors and /or assigns, do hereby waive, release, absolve, and indemnify and agree to hold harmless the Town of Signal Mountain, the league it's officers, the officials it's officials and umpires, the adult supervisor, the organizer, the sponsor, the participants, and the person transporting the child to and from the activities for any claim arising out of injury to the child.

I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should the child become ill or injured while participation in league activities away from home, or at other times when neither parent is available to grant authorization for emergency treatment. I further agree that I will assume all financial responsibility for any medical claims for treatment administered to the player.

I will furnish a certified birth certificate to league officials upon request.

Parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Web Address: [www.smgsa.com](http://www.smgsa.com)