

NWIA Sergeant Bluff Girls Softball Registration

Sergeant Bluff Girls Softball Inc.
PO Box 1037
Sergeant Bluff, IA 51054

Player Information

Division: Coach Pitch (K-1st) Minors (4th-5th)
 Minis (2nd-3rd) Majors (6th-8th)

First Name:

Last Name:

Birthdate:

Age Today:

Grade:

Address:

City/State: **Zip:**

Home Phone: **Cell #:**

Parent or Guardian:

Email:

Uniforms

Sock Size (Circle One): Child Pony Adult

Shirt Size (Circle One): M (10-12) L(14-16) Adult S
 Adult M Adult L Adult XL

Parental Release

My child has my permission to participate in the activities indicated on this form. She is in good physical condition and has not had any serious illnesses or operations since her last health examination. I agree to cooperate with all the regulations of the Northwest IA Softball League and the By-laws set out by the Sgt. Bluff Girls Softball, Inc. I agree to hold the NWIA softball league and the SBGSI, the City of Sgt. Bluff and its agents harmless in the event of an injury sustained by my child. I grant permission for my child to be photographed and pictures to be released for SBGSI's purposes.

Parent/Guardian Signature: Date:

Sports Code of Conduct

As a **player**, I understand that I must follow these rules to stay in good standings:

- 1.) Respect the game, play fairly, and follow its rules and regulations.
- 2.) Show respect for authorities, to the officials of the game, and of the league.
- 3.) Demonstrate good sportsmanship before, during and after games.
- 4.) Help parents/fans understand league philosophy so they can watch and enjoy the game.
- 5.) Be courteous to opposing teams and treat all players and coaches with respect.
- 6.) Be modest when successful and be gracious in defeat.
- 7.) Respect the privilege of the use of public facilities.
- 8.) Refrain from the use of drugs, tobacco, alcohol and abusive language.

Player Signature: Date:

Registration Fees :

- \$70 - Coach Pitch \$95 - Minis or Minors or Major

Player Medical Information

Physical Limitations:

Family Physician:

Physician Address: **Phone:**

Family Medical Plan:

Father Employment: **Phone:**

Mother Employment: **Phone:**

Medical Release

In case of emergency, and the parent or guardian of the above mentioned child cannot be notified, a member of the coaching staff or other responsible adult DOES have permission to take my child to either the hospital emergency room or qualified physician.

Signature: Date:

Parental Involvement (Check all that apply):

- Head Coach of a Team Team Sponsor (\$250)
 Assistant Coach Corporate Sponsor
 Assist Team at Practice Umpire
 Is your daughter a pitcher? Or, would she like to become one?

As a **parent/guardian and coaches**, I recognize that parents/guardians and coaches are the most important role models for their children, and that sports help to develop a sense of teamwork, self-worth and sportsmanship. As such, I agree to abide by the following:

- 1.) Encourage good sportsmanship by demonstrating positive support for all players, coaches, fans and officials at games and practices.
- 2.) Place the well being of my child before a personal desire to win.
- 3.) Advocate a sports environment for my child that is free of drugs, tobacco, alcohol, and abusive language, and refrain from their use during any sporting event.
- 4.) Encourage my child to play by the rules and respect the rights of other players, coaches, fans and officials.

Parent Signature: Date: