

*Gillam-Grant Community Center*  
**2010** *Summer Recreation*  
**Softball**

**REGISTRATIONS ARE DUE BY APRIL 1ST!**

PLAYER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PHONE: WORK \_\_\_\_\_ HOME \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

YEARS OF SOFTBALL EXPERIENCE: \_\_\_\_\_

**LEVELS:** (Please check one)

\_\_\_\_\_ Ages 7-10 (Age 7 by 12/1/10)

(Junior Softball dates of play TBD\*)

\_\_\_\_\_ Ages 11-14 (Age 11 by 12/1/10)

(Junior Softball plays Tues, Thurs and some Sat.\*)

\_\_\_\_\_ Ages 15-19 (Age 15 by 12/1/10)

(Senior Softball plays Mon & Wed and some Fri & Sat. games\*)



\*Days of play are subject to change based on league availability.

**UNIFORM ORDER:**

**SHIRT SIZE:**

Youth \_\_\_ Small \_\_\_ Medium \_\_\_ Large \_\_\_ X-Large

Adult \_\_\_ Small \_\_\_ Medium \_\_\_ Large \_\_\_ X-Large

**PANT/ SHORT SIZE: (waist)**

Youth \_\_\_ S (21-22) \_\_\_ M (23-24) \_\_\_ L(25-26) \_\_\_ (27-28) X-Large

Adult \_\_\_ S (28-30) \_\_\_ M (32-34) \_\_\_ L(36-38) \_\_\_ (40-42) X-Large

**FEES FOR PROGRAM:** Discounts are given to Gillam-Grant Community Center Members. If you would like membership information, call the Center.

Softball \_\_\_\_\_ \$50 Member / \$55 NON-MEMBER Ages 7-10  
 Fee: \_\_\_\_\_ \$62 MEMBER / \$67 NON-MEMBER Ages 11-19



**Interested in coaching?  
 Call 494-1621 to Volunteer!**

**Cash, Check, Visa, & MasterCard Accepted.**  
**MAKE CHECKS PAYABLE TO: GILLAM-GRANT COMMUNITY CENTER**  
 Registration with payment can be mailed or dropped off at GGCC, 6966 West Bergen Rd., Bergen, NY 14416

## PARENTAL/ GUARDIAN CONSENT FORM

Health Insurance Co. Name \_\_\_\_\_ Policy No. \_\_\_\_\_

Person to notify in case of emergency: #1 \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_

Person to notify in case of emergency: #2 \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_

Doctor to notify in case of emergency: \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_

The player named on the reverse side of this form has permission to participate in the activities of the Gillam-Grant Youth Softball Program (GGCC). Although the activities of GGCC will be supervised, in general, by adults, it is agreed and understood that neither GGCC nor any individuals associated therewith will suffer any liability for injuries or damages sustained by myself or the named player arising out of such activities sponsored by GGCC; and, the undersigned shall keep, save, and hold harmless GGCC, and such individuals supervising, aiding and otherwise associated with GGCC's activities from all damages and liabilities for anything, including but not limited to personal injuries, and everything whatever, whether or not caused by fault or negligence, arising from, or out of, such players' participating in games, practices, and other activities of GGCC youth softball program.

Fees are due at the time of registration. A \$40.00 return check fee applies. Registration fees will only be reimbursed to those with a physician's medical excuse prior to the ordering of uniforms. Should a division not have enough registrants, fees will be refunded.

One-on-one assistance is not provided in the GGCC youth recreation leagues. All registrants must be able to participate independently. GGCC reserves the right to evaluate player's performance and behavior. GGCC reserves the right to remove players from league participation in the interest of safety for all participants.

Parent or Guardian Signature (REQUIRED) **X** \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT** As the parent or legal guardian of the player named on the reverse side of this form, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Parent or Guardian Signature (OPTIONAL) \_\_\_\_\_ Date \_\_\_\_\_

**PHYSICAL WAIVER** I certify that the player named on the reverse side of this form, has had a physical examination in the last 12 months and is physically fit to compete in all youth recreation activities.

Parent or Guardian Signature (REQUIRED) **X** \_\_\_\_\_ Date \_\_\_\_\_

**Sponsors Needed**

If you or your company are interested in sponsoring a team this year for soccer, baseball, or softball programs, contact the office at Gillam-Grant. Your organization's name will be placed on the teams' uniforms. Sponsorship is \$150.00.

If you are interested in being a volunteer coach or being an umpire for games, please call Gillam-Grant! VOLUNTEERS make the summer programs possible!!

**GILLAM-GRANT COMMUNITY CENTER  
6966 WEST BERGEN RD. BERGEN, NY 14416 (585) 494-1621**