



2021 GIRLS SOFTBALL REGISTRATION

REGISTRATION OPEN NOW

DUE by March 19, 2021

\$40 1st Player & \$20 each Additional Player

REGISTRATION FOR: U6 (age 5-6) U8 (age 7-8) U10 (age 9-10) U12 (age 11-12) U14 (age 13-14)

REGISTRATION on-line: <http://diggersoftball.website.siplay.com/>. Click on 2021 Softball Registration Now Open! Once participants click on the registration banner, they will be directed to either create a new account or login with their existing SportsSignUp Play account. They will then be directed through the registration process we have set up through the League Admin Console. If you Register Online do not return this form. If mailing a registration form please mail with check to **LDGSA and mail to 62 1st Street, Lead, SD 57754!**

IF YOU HAVE ANY QUESTIONS PLEASE CALL: **ASHLEY BERTRAND 641-9748 or AMBER VOGT 580-1593**

Both parents will be added to our online system when a registration form is turned. You will be required to use the SI Play App on Google and Apple in order to see Team Information & Schedules for the Season. EMAIL is required for all parents/guardians!

PLAYER NAME: _____

AGE as of Dec 31, 2019: _____ DATE OF BIRTH: _____

Player Phone: _____ Player Email: _____

ADDRESS: _____ CITY: _____ STATE: _____

PARENT/GUARDIAN NAME: _____

Mothers Name: _____ Fathers Name: _____

Mothers Email: _____ Fathers Email: _____

Mothers Phone: _____ Fathers Phone: _____

Has your child played softball before? Yes No

Does your child have any special medical concerns we need to be aware of:

****The Association provides a shirt; softball; pants and socks to all registered players (U8-U14)! If you do not want to use pants provided you may purchase your own but they have to be black. Uniforms will be returned at end of the season. U6 players are not required to wear softball pants and they will get a tshirt they get to keep- must wear tennis shoes/shorts/pants - No Jeans! ****

AS A PARENT OR LEGAL GUARDIAN OF THE ABOVE NAMED PLAYER, I HEREBY GIVE CONSENT FOR EMERGENCY CARE PRESCRIBED BY A DULY LICENSED DOCTOR OF MEDICINE OR DOCTOR OF DENTISTRY. CARE MAY BE GIVEN UNDER THE CONDITIONS THAT ARE NECESSARY TO PRESERVE LIFE, LIMB OR WELL BEING OF MY DEPENDENT. **RELEASE OF LIABILITY:** RECOGNIZING THE PHYSICAL NATURE, CONDITIONS AND CIRCUMSTANCES INHERENT IN THE SPORT OF SOFTBALL. THE UNDERSIGNED AGREE TO WAIVE ANY CLAIMS RESULTING FROM INJURY DUE TO PARTICIPATION IN ANY FORM AGAINST THE LEAD-DEADWOOD GIRLS SOFTBALL ASSOCIATION OR COACHES.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____

PAID CHECK/CASH: _____ ONLINE: _____