

**Softball Registration and Permission Form**  
**Wakulla Girls Softball Association Inc.**  
 wgsa.main@gmail.com

In order for my child to be eligible to play this season, I certify that I have read and understand the following:

1. \$70.00 Registration Fee (paid at the time of player's registration). **The registration is non-refundable once uniforms are ordered.**
2. I hereby certify that all the information below is correct and meets the requirements as specified by the league regulations.
3. I understand that it is my responsibility to provide supervision for my child at all practices and games.
4. I agree, by signing below, to release and waive all claims except for willful and wanton acts, against the Wakulla Girls Softball Association Inc. (WGSA) and coaches, Wakulla County Recreation Division and the Wakulla County Board of County Commissioners.
5. I understand that softball can be a contact sport and injuries do occur. I authorize the coach/league representative to seek emergency medical attention for my child in the event of an injury occurs in my absence.
6. I understand that all umpire decisions are final and that it is unsportsmanlike to approach them at, during or after a game with questions. All concerns will be directed to my coach and they can follow up with the umpire or the WGSA Board.
7. I understand that my child will be placed on a team and I am not guaranteed to be with any certain coach or friend. Riding with someone will not guarantee my child a spot on a specific team with a coach or friends. If siblings are in the same age division, they will be placed on the same team.
8. Ages 7-14. Eligibility will be determined by the child's age as of January 1, 2021. No players will be allowed to play down, however a player may play up. To request playing up see a member of the board for additional information. A player will need to be evaluated.
9. I understand that my child is not considered registered and will not be placed on a team until I have paid the registration fee and provided a copy of their birth certificate.
10. I understand that my child will not be allowed to play or practice unless they have the appropriate equipment. All players must have cleats (**no metal spikes**) and a glove for first practice. I understand that if my child shows up wearing cleats with metal spikes they will be asked to change. This is for the safety of every player. Bat and a helmet (with face guard) is optional, yet preferred. A used helmet and/or bat is available for use provided by WGSA, and are kept with coaches throughout the season.
11. I grant WGSA my permission to photograph, videotape, and/or audiotape my child during activities at WGSA Practices and/or Games. These photographs/videos/audios will remain the property of WGSA and may be used in advertising or marketing campaigns on WGSA's websites, social media sites, and for promotional and informational material including, but not limited to, flyers, brochures, newsletters, emails, advertisements, newspaper articles, TV or cable interviews/promotions. I understand my child will not be identified by name unless I give my express permission. I hereby waive and release on behalf of my child, any rights to compensation for, or ownership of, such images and/or sounds.
12. At no time will throwing of equipment, disrespect towards coaches, teammates, or umpires, and unsportsmanlike behavior be tolerated. Should my child demonstrate any of the following they may be asked to sit out games or possibly dismissed for the season. Dismissal will only be decided by the WGSA Board.

\_\_\_\_\_  
**PARENTS SIGNATURE**

\_\_\_\_\_  
**DATE**

**PRINT ALL INFORMATION CLEARLY**

\_\_\_\_\_  
**PLAYERS NAME**                      **AGE**                      **DATE OF BIRTH**                      **HOME PHONE**

\_\_\_\_\_  
**HOME ADDRESS**                      **CITY**                      **ZIP**

\_\_\_\_\_  
**PARENT(S) NAME EMAIL ADDRESS**                      **CELL PHONE**

**SHIRT SIZE:**    **YS**    **YM**    **YL**    **YXL**    **AS**    **AM**    **AL**    **AXL**

**MEDICAL INFORMATION THE COACH SHOULD KNOW:** \_\_\_\_\_

**I REFUSE to participate with the following/previous coach:** \_\_\_\_\_

**DID YOU PLAY LAST YEAR?** YES \_\_\_ NO \_\_\_                      **POSITION?** \_\_\_\_\_

**HOW MANY SEASONS?** \_\_\_\_\_                      **IS SHE A PITCHER OR CATCHER?** \_\_\_\_\_

**HOW MANY SEASONS PITCHING OR CATCHING?** \_\_\_\_\_                      **DO YOU PLAY TRAVEL BALL?** YES \_\_\_ NO \_\_\_

**HOW MANY TRAVEL BALL SEASONS?** \_\_\_\_\_

**WOULD YOU OR SOMEONE YOU KNOW BE INTERESTED IN COACHING?**

(Completed Criminal Background Check form will be required and submitted by WCRD)

\_\_\_\_\_  
**NAME OF INTERESTED COACH**                      **PHONE NUMBERS**                      **BEST TIME TO CALL**

**OFFICE USE ONLY:**

Make all checks payable to Wakulla Girls Softball Association (WGSA)

Amount Paid: \$ \_\_\_\_\_ Method of Payment: Check # \_\_\_\_\_ Cash Receipt # \_\_\_\_\_