



Limestone Girls Softball Association
 PO Box 4225 Bartonville IL 61607 | lgsateams@gmail.com

PLAYER / PARENT INFORMATION

PLAYER INFORMATION

Player Name: _____
 Address: _____
 Phone: _____
 Email: _____
 Date of Birth: _____
 Age as of 1/1/2018: _____
 School: _____

EMERGENCY CONTACT INFORMATION

Name: _____
 Relationship: _____
 Phone: _____
 Name: _____
 Relationship: _____
 Phone: _____
 Preferred Hospital: OSF Unity Point Methodist

PARENT / GUARDIAN INFORMATION

Mother: _____
 Phone: _____
 Father: _____
 Phone: _____
 Guardian: _____
 Phone: _____

Doctor: _____
 Phone: _____
 Contacts: YES / NO
 Known Allergies / Medications: _____

Media Release

I (parent signature) _____ hereby grant Limestone Girls Softball Association (LGSA) my permission for audio, video, photograph, print or other electronic material involving my daughter _____ for publicity or educational purposes. I understand that all materials are the property Limestone Girls Softball Association (LGSA), and I am not entitled to any compensation or payment for the use of LGSA electronic media.

INFORMATION

PLAYER SHIRT SIZE (circle one) **CHILD** S(6-8) M(10-12) L(14-16) **ADULT** S M L XL 2XL 3XL

Please check division:

____ Lil Lassie (ages 4, 5, 6 as of 1/1/18) ____ Juniors (ages 10, 11, 12 as of 1/1/18) ____ Travel only
 ____ Lassie (ages 7, 8, 9 as of 1/1/18) ____ Seniors (ages 13 – 18 as of 1/1/18) ____ Travel & in-house

Did you play in LGSA league last year? **YES / NO**

If yes, are you moving to the next division? **YES / NO**

Please check one: ____ Same team as last year Team name last year _____
 ____ Put back into player draft

Are you to be on the same team as a sister? **YES / NO** If yes, sister's name: _____

EMERGENCY AUTHORIZATION RELEASE

BY SIGNING BELOW, I AUTHORIZE LGSA TO TAKE EMERGENCY ACTION DUE TO INJURY IN THE EVENT MY DAUGHTER REQUIRES SUCH ACTION AND I AM NOT PRESENT AT THE TIME. IN CASE OF AN ACCIDENT OR SICKNESS, I CONSENT TO EMERGENCY MEDICAL CARE PROVIDED BY AMBULANCE OR HOSPITAL PERSONNEL. **INSURANCE:** PLEASE NOTE LGSA ONLY CARRIES SUPPLEMENTAL ACCIDENT INSURANCE THAT GOES INTO EFFECT TO COVER EXPENSES NOT COVERED BY A HEALTH PLAN. THE SUPPLEMENTAL POLICY WILL NOT PAY OUT IF A HEALTH POLICY IS NOT IN EFFECT.

CODE OF ETHICS

BY SIGNING BELOW, YOU, THE PLAYER AND PARENT(S), ACKNOWLEDGE THAT YOU HAVE READ THE CODE OF ETHICS AND WILL ABIDE BY ITS TERMS. LGSA STRIVES TO PROVIDE A SAFE ENVIRONMENT FOR ALL GIRLS TO NOT ONLY DEVELOP SKILLS IN SOFTBALL BUT TO TEACH EACH PLAYER TO STRIVE TO PLAY TO THE BEST OF HER OWN INDIVIDUAL ABILITY. ALONG WITH THESE SKILLS, GIRLS SHOULD LEARN SPORTSMANSHIP, CITIZENSHIP AND PRIDE FOR HER TEAM. LGSA PLAYERS SHOULD ALWAYS TRY THEIR BEST, LISTEN TO THE COACH AT ALL TIMES, HAVE A GOOD ATTITUDE, NEVER BELITTLE TEAMMATES, UMPIRES, COACHES OR OTHER PLAYERS. SHE SHOULD BE PROUD OF HER TEAM REGARDLESS OF WINNING OR LOSING. LGSA PARENTS SHOULD ENCOURAGE THEIR DAUGHTER TO DO HER BEST, MAKE SURE SHE IS PREPARED AND AT ALL PRACTICES AND GAMES, HELP HER TEAM HOWEVER POSSIBLE, BE PROUD OF A TEAM REGARDLESS OF WINNING OR LOSING, NEVER BELITTLE A PLAYER, A FAMILY, UMPIRES, COACHES, OTHER PLAYERS OR YOUR OWN DAUGHTER AND AGREE TO HELP LGSA FOSTER THE ABOVE GOALS AND WILL BE HELD RESPONSIBLE FOR WHEN WE FAIL TO DO SO.

HOLD HARMLESS RELEASE

AS A PARENT/GUARDIAN OF THE CHILD LISTED ABOVE, I HEREBY GIVE MY APPROVAL FOR HER PARTICIPATION IN ANY AND ALL LGSA ACTIVITIES. I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION, INCLUDING TRANSPORTATION TO AND FROM SUCH ACTIVITIES. I DO HEREBY RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE LGSA, THE ORGANIZERS, SPONSORS AND SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING MY DAUGHTER. I AGREE TO FURNISH A BIRTH CERTIFICATE UPON REQUEST.

PARENT SIGNATURE

PLAYER SIGNATURE

FOR LGSA USE ONLY (make checks payable to LGSA)

Date:

Payment (check / cash):

Check#:
