

**2024 PLAYER REGISTRATION FORM
AMSTERDAM GIRLS SOFTBALL ASSOCIATION**

**** All Teams will be chosen by Draft ****

**** Special Requests Will Only Be Considered If Received by March 15st ****
(AGSA PO Box 374 Amsterdam, NY 12010)

FEE - \$75.00 Per child. \$ 60.00 for 8u, All Non Refundable.

MEDIA RELEASE – I consent to have my child included in media coverage/advertising of the AGSA. **YES**____ **NO**____

BOARD OF DIRECTORS – Would you be interested in applying for a position on the Board of Directors? **YES**____ **NO**____

MANAGERS – Would you be interested in coaching your daughter’s team? **YES**____ **NO**____

CONCESSION STAND REQUIREMENT – Each player is required to have an adult (18+) work a minimum of one game in the concession stand for each player they register. A concession opt out fee of \$50 per player, payable at registration, can be substituted for this requirement. Non compliance will be treated as a code of conduct violation.

**** PLEASE PRINT CLEARLY ****

PLAYER NAME: _____ DATE OF BIRTH _____

AGE AS OF 1/1/2024 _____ ADDRESS: _____ CITY: _____ ZIP: _____

PARENT/GUARDIAN NAME: _____

PHONE NUMBERS: HOME _____ CELL _____ WORK _____

E-MAIL ADDRESS: _____

RETURNING PLAYER: **YES** **NO** If yes, 2023 Team _____

PRIMARY POSITION(S) PLAYED IN PREVIOUS SEASON: Pitcher____ Catcher____ Infield____ Outfield____

UNIFORM SIZE (WOMANS) TOP: **YS YM YL AS AM AL AXL AXXL**
(Circle one)

BOTTOM (runs small): **YS YM YL AS AM AL AXL AXXL**

EMERGENCY CONTACT NAME: _____ PHONE _____

PHYSICIAN NAME: _____ PHONE _____

DENTIST NAME: _____ PHONE _____

ALLERGIES: _____ MEDICAL RESTRICTIONS: _____

PRIVATE INSURANCE: **YES** _____ **NO** _____ (AGSA provides secondary medical insurance)

CONSENT: I consent to the above named player participating in the Amsterdam Girls Softball Association softball program. I recognize that there are certain risks and hazards incidental to the game of softball which may at times result in injury. I permit the Association; it’s officers or representatives, to provide medical treatment to the above named player in the event of emergency or injury. I am also aware that the league has medical coverage/insurance with a \$250 deductible, which payment is the responsibility of the parent/player. In the event of an emergency, I further consent to any treatment of tests deemed necessary by any medical staff on duty.

I have read and agree to abide by the Code of Conduct posted on the Amsterdam Girls Softball Association Website. Failure to abide by this Code of Conduct by any family member present (adult, child, player) can cause grounds for removal and dismissal of team participation.

Parent/guardian signature of consent: _____ **DATE** _____