

Newton Girls Softball Association 2008 Registration Form

Registrations received after March 27th may not be accepted (postmarked by March 24).

<p style="text-align: center;">-</p> <p style="text-align: center;"><u>REGISTRATION DATES</u></p> <p>Sunday, Mar. 2 12 pm – 4:30 pm Monday, Mar. 3 1 6:30 pm – 8 pm Saturday, Mar. 8 19 am – 11 am</p> <p style="text-align: center;"><u>LOCATION</u> YMCA Lobby</p>	<p style="text-align: center;"><u>DATES TO REMEMBER</u></p> <p>Player Review (required if requesting to move up a league): Sat., March 8, at 9 am – YMCA gym</p> <p>Coach Meeting – Parks and Recreation Bldg (Agnes Patterson) 6U, 8U Sat., April 12 – 9:00-10:00 am 10U Sat., April 12 – 10:00-11:00 am 12U, 14U, 18U Sat., April 12 – 11:00-Noon</p> <p>“Team Parent” Meeting – Sat., April 12 – 8:30-9:00 am</p> <p>Practices Begin: Week of April 28</p> <p>Team Pictures – May 5, 6 and 8 at Bob Hawkins Studio</p> <p>Games – May/June (includes two Saturdays so season can be done by July 1)</p> <p>10U, 12U Single Elimination Tournament – Saturday, June 28 (subject to change based on raindates)</p> <p>18U Single Elimination Tournament – Saturday, June 21 (subject to change based on raindates)</p> <p>Awards Ceremony – Sunday, June 29 – 6:00-7:00 pm at Fred Maytag Bowl</p> <p>Swimming Party – Sunday, June 29 – 7:00-9:00 pm at Maytag Pool</p>
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To register a girl for a city league softball team, fill out this form and present it with the registration fee during one of the scheduled registration dates or mail it to Dawn Bleeker, Registrar, NGSA, PO Box 1341, Newton, IA 50208 (postmarked by March 24). If you have any questions regarding registration, please email Dawn at registrar@newtongsa.org.

CONTACT INFORMATION

Player's Name _____ Birthday (mm/dd/yy) _____ Current
Age _____
Address/City/Zip _____ Family Phone No. _____
(____) _____

Father's Information

Name _____
Name _____
Address/City/Zip (if different) _____
different) _____
Home Phone _____ Cell Phone _____
Phone _____
Email _____
Email _____

Mother's Information

Address/City/Zip (if
different) _____
Home Phone _____ Cell _____

REGISTRATION FEE: \$30.00 (\$40.00 AFTER MARCH 8)

The registration fee includes a team t-shirt. Registrations received after March 8th will be subject to a \$10 late fee. **Registrations after March 27th may not be accepted.** If mailed, envelope must be postmarked by March 24th to ensure a spot on a team. Make check payable to NGSA. No refunds.

CONCESSIONS FEE: \$25.00 PER FAMILY (SEPARATE CHECK REQUIRED: ORIGINAL CHECK WILL BE RETURNED AFTER WORKING SHIFT)

Over the last couple of years we have been monitoring the willingness of families to help support the softball program by volunteering in the concessions stand. Since the concessions stand is our main money-maker and helps keep our costs down while improving the organization at the same time, it is extremely important that it run smoothly. Unfortunately, the volunteers have not come forward like we had hoped and we saw many of the same faces running the concessions stand over and over. Therefore, we have been forced to implement a concessions fee that will be returned at the end of your shift. Every family, excluding board members and coaches, will be assigned to work 1 night at the concessions stand. Only one adult member of your family is required to come. Substitutions are not allowed, so please check your calendar carefully and write down dates you are unavailable. We will also do our best to schedule your shift around your daughter's softball game.

Coaches: You still need to pay the \$25.00 fee. If you are approved to coach, your check will be returned at the coaches' meeting. If you do not attend the coaches' meeting without making other arrangements, you will be assigned to work a night at the concessions – your check will then be returned to you at the end of your shift.

- o Yes, please schedule me to work at the concessions stand. Attached is a separate check for \$25.00 that will be returned to me at the end of my shift. I understand that my original check will not be cashed unless I do not show for my scheduled shift – at that time, my check will be cashed immediately. Please do not schedule me on the following days: _____
- o No, do not schedule me to work at the concessions stand. Use my \$25 to better improve the program.
- o If needed, I am willing to give of my time, and work additional days at the concessions stand to help better the softball program.

TEAM (TEAMS WILL BE PICKED MARCH 29TH)

Last year's team name: _____ o Check box if you want to be on a different team

There is no guarantee you will be placed on the same team because of balancing out talent.

Sisters in same age division to be on same team (list names): _____

Leagues: Must be the "league" age by January 1st of current year. (Teams may need to travel within Jasper County for 1 game, excluding 6U.)

6U (5&6 year olds)

10U (10 years and under)

***14U** (14 years and under)

8U (8 years and under)

12U (12 years and under)

***18U** (18 years and under)

*May need to combine 14U and 18U if not enough players (worked well in past).

Because of skill level, players have the option to request to move up one league. For this request to be considered, players are required (no exceptions) to participate in the Player Review scheduled on Saturday, Mar. 8, at 9 am in the gym at the YMCA. At that time a committee will evaluate players based on skill, and determine if it's in everyone's best interest to move up a player. This rule has been put into place to ensure the safety of all players participating in the league.

Experience: Total Years Played _____ Preferred Position _____ Years as Pitcher _____ Years as Catcher _____

Parents: If your child is interested in pitching this year, please make an honest evaluation of your child's pitching skill level. This information will help make the teams more competitive. (beginner) 0 1 2 3 4 5 (advance)

T-Shirt (circle size): 6-8 10-12 14-16 *or* S M L XL 2X
(Child-size) (Adult-size)

Equipment: 8U-18U players are required to wear a helmet with a face guard. Helmets will be provided; however, it is **highly** recommended that each player provide their own helmet. Chin straps are recommended, but not required. Cleats are recommended, but not required. Sliding shorts and/or knee sliders are also recommended for 10U and up.

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MEDICAL INFORMATION

A copy of this information will be given to your child's coach and a copy will remain on file with the registrar.

If the parent/guardian listed in the Contact Information section is not available in the event of an emergency please contact:

Name _____ Relationship _____ Telephone No. _____
(_____)_____

Does your child take any medications or have an existing medical condition such as asthma, etc? Yes No (please circle)

Please list medications or condition

PARENTS/VOLUNTEERS NEEDED

Team Parents: Pick up materials at your informational meeting. (Meeting information can be found on the front of this form under "Dates to Remember.")

Coaches: So the season runs smoothly, you are *required* to be at the coaches meeting. (Meeting information can be found on the front of this form under "Dates to Remember.") Please note: Coaches in 8U and 10U leagues must be comfortable pitching from the pitcher's mound.

If you are moving to a new league, you may request to coach with one other person. If you were a coach last year and are in the same league, you may request to coach with someone else *only* if the other coach(es) are not returning. *To make it a valid request, the person you are requesting to coach with must write your name down on his/her daughter's registration form.*

A background check will be done on all persons volunteering to be a coach. A criminal background check form needs to filled out and turned in at the time of registration in order to be considered for a coaching position. See the registrar for this form.

Head Coach _____ Shirt Size _____ (Request to coach with Asst Coach _____)

Phone No. to list on team roster: _____ Shirt Style: short sleeves (default, if nothing checked)
 sleeveless

Asst Coach _____ Shirt Size _____ (Request to coach with Head Coach _____)

Phone No. to list on team roster: _____ Shirt Style: short sleeves (default, if nothing checked)
 sleeveless

Umpire

Team Parent (responsible for distributing player packet information, picking up and passing out t-shirts/pictures, making concessions stand reminder calls, creating snack schedule, etc.)

Board Member (Board election based on number of openings will be made at the October Meeting by way of private ballot.)

POLICIES

By signing below, I/we have read and understand the following:

- Team Selection:** There are no guarantees, but will do our best to place players on their same team from the previous year unless they are moving up to a different league based on age or requesting another team. If numbers allow, pitchers and catchers will be placed evenly on all teams, then softball players will be evenly added to teams based on age. Special requests are not permitted except for requesting siblings in the same league to be on the same team.
- No Insurance/Pictures:** I/We the parents of the above named girl, in consideration of our daughter being a candidate for a position on a Newton Girl's Softball Association team, hereby give our approval to her participation in any and all of the activities of the Newton Girl's Softball Association during the current season. We assume all risks and hazards incidental to the conduct of the activities, and transportation to and from the activities. We do further hereby release, absolve, indemnify and hold the supervisors, any and all of them. Since the association does not carry accident or health insurance on my daughter, it is our responsibility any person transporting our daughter to and from the activities. We also give permission for pictures to be taken of our daughter during practice or games, and these may be published with the consent of the association.
- Medical Information:** In case of emergency, I understand every effort will be made to contact me, or my emergency contact. In the event I or the emergency contact cannot be reached, I hereby give my permission to the licensed health care practitioner selected by the adult leader in charge to secure proper medical treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

4. **Concessions Fee:** I understand that I am required to write a separate check for \$25.00 (cash accepted, but not preferred) that will be returned to me at the end of my assigned shift. If I do not work my assigned shift, my check will be cashed immediately and considered a donation to the Newton Girls' Softball Association.

Parent's/Guardian's Signature _____ Date _____

BOARD USE ONLY	AMOUNT	CHECK OR CASH RECEIPT NO.	COACH BACKGROUND FORM	PARENT SIGNATURE VERIFIED
Registration thru 3/8/08	\$30			
Registration after 3/8/08	\$40			
Concessions (per family)	\$25			
Total			Date	