

2020 SGSA Softball Player Registration Form

Age Divison: _____ Date: _____

Prior Team: _____ New Returner

Player Information

Name: _____

Address: _____

City, State, Zip code: _____

Birthday: _____ Current Grade: _____

Parent/Guardian Information #1

Name: _____

Email Address: _____

Home Phone #: _____

Cell Phone #: _____

Work Phone #: _____

Parent/Guardian Information #2

Name: _____

Email Address: _____

Home Phone #: _____

Cell Phone #: _____

Work Phone #: _____

Medical/Emergency Contact Information

Emergency Contact: _____

Phone: _____ Relationship to Player: _____

Insurance Name: _____ Policy #: _____

Shirt size: YS YM YL ADSM ADMED ADLG ADXL

Sock size: YSM REG Shirt # Choice: 1st: _____ 2nd: _____

Registration Fee is \$50.00 for first child, \$25.00 each additional child.

Please make checks payable to: Steubenville Girls Softball Association (SGSA).

**PLEASE NOTE THAT ALL FEES HAVE TO BE PAID BEFORE YOU CHILD WILL BE PERMITTED TO PRACTICE.*

Steubenville Girls Softball Association Contact:

President: Butch Brown 740-497-3792