

Age/Gender: _____ Insurance purchased: _____

DO NOT STAPLE THIS FORM OR YOUR CHECK. PLEASE LEAVE THIS SECTION BLANK. FOR STAFF USE ONLY

**Town of Pleasant Garden
SPRING 2018 ADULT SOFTBALL (Ages 17+)
INDIVIDUAL PLAYER REGISTRATION FORM**

Player registration forms will be accepted until the deadline date of March 10, 2018

Player Registration Fee is determined by each team depending on the number of players. Please check with your team captain. Payment is due to the team captain no later than March 24, 2018.

\$350 Team Registration Fee: Team captain must remit to the town no later than March 29, 2018.

PLAYER INFORMATION: PLEASE PRINT

Birthday ____/____/____ Age on January 1, 2018 _____

Player's Name _____

Player's Address _____ City _____ Zip _____

Emergency Contact _____ Emergency Contact Number _____

Phone Numbers: Home _____ Work _____ Cell _____

****Preferred Phone Number for Contact **** _____

Email: _____

Preferred team _____ Team Captain _____

If you do not have a team preference, you will be assigned to a team.

(Optional) Other potential players you are recommending for this team:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

***** Medical Health Insurance Information *****

EACH PARTICIPATING PLAYER IS REQUIRED TO HAVE ACCIDENT/HEALTH INSURANCE COVERAGE.

If a player is not covered by health insurance, you must purchase supplemental accident insurance. Accident coverage is available for players 18-years-old or younger through a town policy with Standard Life Insurance Company at a cost of \$10 with coverage from April 1, 2018 – March 31, 2019. Players older than 18 must obtain accident coverage elsewhere.

I wish to purchase supplemental accident insurance through Standard Life Insurance Company for the Spring/Fall 2018 seasons (age 18 or younger). Yes No

- | | |
|-------|--|
| NO | YES (If yes, please explain below:) |
| _____ | _____ Heart trouble, heart murmur, or heart attack |
| _____ | _____ Bouts or irregular or uneven heart action |
| _____ | _____ High blood pressure |
| _____ | _____ Pain or pressure in the chest, neck, shoulder or arm |
| _____ | _____ Injury or surgery within the past 3 months |
| _____ | _____ High blood cholesterol and/or triglycerides |
| _____ | _____ Asthma, breathing problems |
| _____ | _____ Allergic to any drugs / bee stings, etc. (please list below) |
| _____ | _____ Chronic condition needing special care, e.g. insulin, diabetes |
| _____ | _____ Currently taking any prescription drugs (please list below) |

Other required emergency contact information:

Authorized contact person besides parent

Phone number

Family Doctor

Phone number

Insurance Policy Name / Number

Explanations and/or other medical conditions not listed above: _____

***** Player Release of Liability *****

CHECK ONE:

Age 18 or older: I, _____, by signing below, do hereby authorize the Town of Pleasant Garden,

Minor/younger than 18: I/we, the parents of the above named minor _____, by signing below, do hereby authorize the Town of Pleasant Garden,

hereinafter "Agent", for and on behalf of the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital, during all times that the Minor is in the presence of said Agent. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

I/We, by signing below, agree to indemnify, hold free and harmless, assume liability for, and defend the Town of Pleasant Garden, its agents, servants, employees, officers, and directors from any and all costs and expenses including but not limited to, attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums for any claim or action founded thereon, arising or alleged to have arisen out of _____ (name) use of the real or personal property belonging to or used by Agent while Minor is in the presence of Agent.

➔ PARENT/PARTICIPANT SIGNATURE _____ DATE : _____

**DEADLINE DATE FOR REGISTRATION IS 5:00 PM ON SATURDAY, March 10, 2018
FORMS MUST BE POSTMARKED NO LATER THAN MARCH 10, 2018**

NSA WOMAN'S SLOW PITCH PLAYING RULES

- **A TEAM CAN PICK-UP OTHER PLAYERS TO PREVENT A FORFEIT, BUT NEED TO BE ON A ROSTER FROM THIS LEAGUE**
- **NSA BAT RULE APPLIES**
- **MIN 15/MAX 20 PER TEAM**
- **APPLY COURTESY RUNNER ANYTIME**
- **NO METAL CLEATS**
- **MERCY RULE: 15 AFTER 4 OR 10 AFTER 5**
- **55 MIN TIME LIMIT**

GAMES PLAYED ON SATURDAYS STARTING APRIL 7, 2018

QUESTIONS? Call 336-451-5010 or email Amanda Shaw pgffnwife@aol.com