



Saxtonburg Area Girls Softball Association

2010 Spring Registration

Visit us on the Web at www.sagsa.org

Make Checks Payable to: SAGSA

Mail to: Sandy Steedle, 479 Crisswell Road, Butler PA, 16002

Please Print

Parent First Name: _____ Parent Last Name: _____

Parent(s) First Name: _____ Parent(s) Last Name: _____

Address: _____

Street

City

Zip

Home Phone: _____ Email Address: _____

Mom Cell Phone: _____ Alternate Phone: _____

Dad Cell Phone: _____ Do you have insurance? Yes _____ No _____

Does your child have any health problems? _____

Physician's Name and Phone Number: _____

Dentist Name and Phone Number: _____

Players Last Name: _____ Players First Name: _____

Player Date of Birth: _____ Last Year's Spring Team _____

MO/DAY/YR

Check One	Slow Pitch (Age as of 1/1/2010)	Early Reg. Fee Paid by 2/6/10	Registration Fee Paid after 2/6/10	Amount Due
	8U Instructional (5 – 8 yrs old)	\$ 60.00	\$ 85.00	
	10U	\$ 70.00	\$ 95.00	
	12U	\$ 70.00	\$ 95.00	
	15U	\$ 70.00	\$ 95.00	
	18U	\$ 70.00	\$ 95.00	
	Fast Pitch (Age as of 1/1/2010)			
	8U Instructional (5 – 8 yrs old)	\$ 60.00	\$ 85.00	
	10U	\$ 85.00	\$ 110.00	
	12U	\$ 85.00	\$ 110.00	
	15U	\$ 90.00	\$ 115.00	
	18U	\$ 90.00	\$ 115.00	
		Registration Total		
		Multiple Child Discount (1/2 price of lowest fee)		-
		Total Registration Due		
	Number choice for shirt (1 st) _____ (2 nd) _____			
	Shirt (Youth Sizes) - Circle One			Uniform Fees
	Small Medium Large	\$0.00		0.00
	Shirt (Adult Sizes) - Circle One			
	Small Medium Large X-Large	\$0.00		0.00
	Matching Uniform T-Shirt for Parents (Adult Sizes) - Circle One			
	Small Medium Large	\$10.00		
	X-Large	\$13.00		
		Total Uniform Fees		
		Total Amount Due		
SAGSA Internal Use Only				
Date Paid	Write Cash or Check Number Below			

See Next Page

Saxonburg Area Girls Softball Association (SAGSA) is a non profit organization solely dedicated to our community. The success of our organization depends on the parents of our community and their ability to volunteer their time for the benefit of our youth. As a SAGSA Parent, we would like to invite you to share your time with us and the children of our community.

Are you willing to volunteer your time for any of the below opportunities? (Mark all that apply)

<u>TEAM</u>	<u>COMMITTEE</u>	<u>COMMITTEE</u>
<input type="checkbox"/> Head Coach	<input type="checkbox"/> Field Maintenance	<input type="checkbox"/> Opening Day Event
<input type="checkbox"/> Assistant Coach	<input type="checkbox"/> Concession Stand	<input type="checkbox"/> FP Tournament
<input type="checkbox"/> Team Parent	<input type="checkbox"/> Website/Communication	<input type="checkbox"/> SP Tournament
<input type="checkbox"/> Field Prep Game Day	<input type="checkbox"/> League Picnic	<input type="checkbox"/> Fund Raising
<input type="checkbox"/> Sponsorship (\$200 will get the name of your business on the back of a team's uniform and a fence sign on each field)		

****Please note: If you wish to volunteer as a Head or Assistant coach, you must be prepared to gain clearance from the Pennsylvania State Police for a Criminal History check as well as a Child Abuse History clearance.**

Legal Disclaimer

I/We, the parents or guardian(s) of the above named player, do hereby give my/our permission to his/her participation in any and all Saxonburg Area Girls Softball Association (SAGSA) activities during the current season.

I/We assume all risks and hazards incidental to participation of the SAGSA activities and do further hereby release, absolve, indemnify and hold harmless the organizers, sponsors, officers, and supervisors in case of injury to the player; except in the amount covered by accident or liability insurance. I/We understand that the registration fee includes medical insurance for my child as a second insurance. I/We waive all claims against the organizers, sponsors, officers, supervisors and Saxonburg Area Girls Softball Association.

I/We also give permission to have my/our child treated in an emergency.

Do you give permission for pictures of your child taken during softball functions to be posted on our website? Yes No

Signature of Parent or Guardian:

_____ (Date) _____

ADDITIONAL CHILD INFORMATION

Parent First Name: _____

Parent Last Name: _____

Players Last Name: _____

Players First Name: _____

Player Date of Birth: _____

Last Year's Spring Team _____

MO/DAY/YR

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	SAGSA Internal Use Only			
Date Paid	Write Cash or Check Number Below			

Are you willing to volunteer your time for any of the below opportunities for your daughter's team? (Mark all that apply)

<u> </u> TEAM
<u> </u> Head Coach
<u> </u> Assistant Coach
<u> </u> Team Parent
<u> </u> Field Prep Game Day
<u> </u> Sponsorship (\$200 will get the name of your business on the back of a team's uniform and a fence sign on each field)

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