

Fleetwood Girls Softball Association (FGSA)

2017 Registration Form

(Deadline for submission is February 11th, 2017)

FLEETWOOD GIRLS SOFTBALL ASSOCIATION

Mailing or Delivery to:

FGSA
c/o Chris Malinowski
412 Coronet Drive
Blandon, PA 19510



2016-2017 Board

President Kevin Mammiller
Vice Pres. Chris Malinowski
Secretary Brad Kessler
Treasurer Keith Santangelo

Section 1 – General Info

PLEASE NOTE: (1) All girls through age 18 (prior to January 1st, 2017) who live in the Fleetwood Area School District (unless a waiver is granted by the FGSA) and have not graduated high school are eligible and welcome to play. (2) The FGSA Code of Conduct must be signed in order for your child to participate in Fleetwood Girls Softball Association sponsored events. The Code of Conduct is found in this registration packet. (3) A separate registration form is required for each girl. (4) A copy of each girl's birth certificate is required for proof of age.

Child's Name _____

Age (as of Jan 1, 2017) _____ Birthdate _____ Current Grade _____

Have you previously submitted a Birth Certificate with the FGSA? (Yes/No) _____

(If you have not submitted a birth certificate in the past, it should be submitted with your registration!)

Mailing Address _____

City _____ State _____ Zip Code _____

(1) Parent/Legal Guardian

Name _____

Address (if different from above) _____

City _____ State _____ Zip Code _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address: _____

Alternate Email address: _____

(2) Parent/Legal Guardian

Name _____

Address (if different from above) _____

City _____ State _____ Zip Code _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address: _____

Alternate Email address: _____

(I/We) the parents/guardian of the above-named applicant, hereby request that (my/our) child participate and give (my/our) approval for the above-named child to participate in the youth league program. (I/We) do assume all risk and hazards incidental to such participation, including transportation to and from the games, activities and FGSA sponsored events, and (I/We) do hereby waive, release, absolve, indemnify and agree to hold harmless the Fleetwood Girls Softball Association, its organizers, sponsors, supervisors, coaches, participants, and persons transporting the above-named child to and from activities, from any claim arising out of an injury to the above-named child, including costs and legal fees. WE UNDERSTAND THAT PARTICIPATION IN ATHLETICS INVOLVES RISK. (I/WE) UNDERSTAND AND ASSUME ALL RISK OF INJURY TO (MY/OUR) CHILD.

(I/We) agree that the above-named player will participate/play on the team for which they have been assigned by the Fleetwood Girls Softball Association. (I/We) certify that one of the parents/guardians of the above-named player resides within the Fleetwood Area School District.

(I/We) realize responsibility as a parent/guardian to help maintain the Association and **DO PROMISE TO DONATE TIME** during the course of the above-named program upon request, or as result of special events due to participating in premiere or travel teams.

As the parent or legal guardian of the above-named player, (I/We) hereby give my consent for emergency medical care to be administered when conditions are necessary in the judgment of the league or its coaches to preserve the life, limb, sight or well being of the minor.

I, _____, give permission for my
(Parent/Legal Guardian Signature)

child (listed above) to play softball for the Fleetwood Girls Softball Association during the 2017 season.

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Section 2 – Medical Information

Child Name: _____

Medical Provider Co. _____

Policy # _____

No medical insurance coverage _____

(Parent/Legal Guardian Signature)

Please indicate any allergies (including medications) your child may have. Please write none if it applies.

Please indicate any other medical conditions that your child may have that the FGSA needs to be aware of in order to be properly prepared. Please write none if it applies.

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Section 3 – Playing Level

Child Name: _____

Player History and Interests

Played in 2016?: YES or NO 2016 age division (last year): 8U 10U 12U 15U

Desired SPRING 2017 age division: 8U 10U 12U*

Desired SUMMER 2017 age division: 14U* 18U

** BCGSL intends to begin a summer 14U program. As a result, the more skilled 11 and 12 year olds may have interest in continuing to play at the 14U level over the summer. If so please circle BOTH 12U and 14U. Note that if your daughter intends to play BOTH levels, she only needs to pay the 14U registration fee of \$75. However, she will need both the standard Spring FGSA jersey (\$20) for the 12U team, and the Summer "Travel Team Style" FGSA jersey (\$75) for the 14U team.*

Interest in "Playing Up" when requested/needed:

Depending on both numbers of registered girls and demonstrated skill level, girls are sometimes invited to "play up" an age division. If you would be willing to consider having your daughter on the list "play up" a level when requested/needed, please sign below:

_____ Date: _____

(Parent/Legal Guardian Signature)



Section 4 – Pitching and Catching

It should be understood that Fastpitch Softball pitching and catching requires an extra level of commitment. The FGSA offers Open Gym pitching and catching sessions from January through March. It is expected that girls who are interested in pitching and/or catching during the Spring and Fall seasons attend most or all of these extra practice sessions. It should also be understood that girls who have been pitching or catching in previous years, and/or who attend the Open Gym pitching/catching sessions will usually be given priority over other girls when it comes to pitching/catching in actual games, based on coach's decision. Girls who decide to start learning to pitch/catch mid-season will be given time to pitch/catch in practice *if the coach feels time is available*, but are not guaranteed to pitch/catch in games. Further, girls who are interested in advancing their pitching and catching skills should be practicing those skills outside of FGSA team practices throughout the season.

So that we can better identify who these girls are, please indicate your daughter's interest in playing these positions:

_____ Pitcher

_____ Catcher



Section 5 – Uniforms

Uniform Size Information

If your child played previously and still has a uniform that fits, you may opt out of purchasing a new one if you chose to do so. You may also choose to purchase extras. *Every girl must have at least a team-shirt to play. The purchase of pants, visor and socks from FGSA are completely 100% optional.*

All girls 8U and up must wear black softball pants, so if you don't purchase the FGSA supplied pants, you must supply your own.

Pants required for ALL girls (\$20/each):

Yes, I want ___ pants(s)

No pants required (child will use pants from last year or we will provide our own black pants) ___

Please circle a PANTS size: YS YM YL **WS** **WM** **WL** **WXL** **WXXL**

8U/10U/12U Standard Jersey (\$20/each)

Yes, I want ___ jersey(s)

No jersey required (child will use jersey from last year) ___

Desired Uniform # ___ (number not guaranteed, will try to accommodate)

Please circle a JERSEY size: YS YM YL **WS** **WM** **WL** **WXL** **WXXL**

14U/18U Travel Team Style Jersey (\$75/each)

Yes, I want ___ jersey(s)

No jersey required (child will use jersey from last year) ___

Desired Uniform # ___ (number not guaranteed, will try to accommodate)

Please circle a JERSEY size: YS YM YL **WS** **WM** **WL** **WXL** **WXXL**

Optional Visors (\$10/each):

Check here if you do not want a visor ___

Yes, I want ___ visor(s)

(Visors are all the same size)



Tiger Paw Socks! (\$10/pair):

Tiger Paw socks are required only for 8U, 10U and 12U!

Yes, I want ___ pairs of socks

Please circle a SOCK size: Small (6 ½-8) Medium (9-11)

(Note that there is no "Large" for some reason.)

(The socks you will get are the ones on the far right...red with white paws.)

(14U and 18U girls wear solid red socks which must be purchased separately.)

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Section 6A – Parental Assistance

Willingness to Help

It is our intent to improve the FGSA. However, this cannot be accomplished without parents who are willing to assist with this effort.

Every child must have at least (1) parent that is willing to assist with at least (1) of the committees listed below.

If you chose, you may select multiple committees.

Each committee will have a chairperson who will use the list of volunteers to solicit from when assistance is needed. This enables the FGSA to spread duties throughout the association so that no one person is burdened.

- _____ Concession Stand Committee
- _____ Fund Raising Committee
- _____ Facilities & Equipment

Circle

- Mom/Dad/Both**
- Mom/Dad/Both**
- Mom/Dad/Both**

- Committee Chair: Mike Lazar
- Committee Chair: _____ ← *Volunteer needed!*
- Committee Chair: Kevin Manmiller



Section 6B – Parental Assistance

Willingness to Coach

If coaches are required at your child’s age level, please indicate if you are interested in coaching.

Circle

_____ Head Coach **Mom/Dad/Both**

_____ Assistant Coach **Mom/Dad/Both**

_____ Parent Helper **Mom/Dad/Both**

(A “parent helper” is not required to be at all games and practices, but is interested in helping when you are able, and when you are requested. Note that if you intend volunteer to interact with the team on the field during games or even practice in any capacity you must obtain the information as noted below.)

PLEASE NOTE #1: Any head coach, assistant coach and parent-helper will be required to complete and submit ACT-151 Child Abuse and SP4-164 Criminal History clearances prior to being approved to work with the youth of the FGSA. Those (2) clearance forms must be valid from within the last (3) years (Issued no longer ago than 4/1/13).

_____ I have submitted both the ACT-151 and SP4-164 forms to the FGSA previously.

_____ I will begin the process of obtaining these clearances, and will submit to the FGSA by 4/1/16.

_____ I do not plan to coach or be a “parent helper” and will stay off the field during games & practices.

PLEASE NOTE #2: Every head coach and assistant coach will be required to complete Cardiac Arrest Training and Concussion Awareness Training prior to being approved to work with the youth of the FGSA. Those (2) free on-line courses must be completed within the last (3) years (Completed no longer ago than 4/1/13).

_____ I have completed both training courses and have submitted proof to the FGSA previously.

_____ I will begin the process of completing these courses, and will submit to the FGSA by 4/1/16.

_____ n/a (I do not plan to coach or assistant coach)



Section 7 – Parent/Legal Guardian Code of Conduct

Child Name: _____

As a parent/legal guardian of a child involved in the FGSA, I agree to abide by the following code of conduct. I resolve to:

1. Promote good sportsmanship by demonstrating positive support for all players, coaches, opponents, spectators, and officials at all games, practices, and other FGSA activities.
2. Place the emotional and physical well-being of my child before any personal desire I may have for my child to win – always remembering that games are meant to be fun, and children participate to have fun.
3. Encourage my child to play by the rules and respect the rights of other players, coaches, opponents, spectators, and officials.
4. Respect the officials and their authority during games. I **WILL NOT** engage in behavior that is critical, distracting, or derogatory (including any form of verbal or physical assault) toward an official. I realize that sports involve decisions and judgment calls, and I will respect those decisions and teach my child to do the same.
5. Refrain from coaching my child or other players during games and practices unless I am one of the official coaches. I will remain in the stands, away from the playing field and player benches, unless requested to provide assistance by a coach or official.
6. Praise my child, and other children, for competing fairly and trying hard – and I will not ridicule my child or other participant’s for making a mistake or losing a competition.
7. Support my child’s commitment to the team by assuring regular attendance at practices and games. I will make a commitment to have my child arrive on time for events and to be picked up promptly at the conclusion of events.
8. Review and become familiar with FGSA sporting event rules.
9. Respect all playing facilities (fields, gymnasiums, city property, etc.) and strive to keep them clean. This includes promptly removing personal trash and debris, and parking only in approved areas.
10. Support and appreciate volunteer coaches, officials, and FGSA Board members. I realize that without their efforts my child would not have the opportunity to participate.
11. Refrain from use of illegal substances, alcohol, and any form of tobacco during any FGSA sponsored event. This includes on school grounds, any community facility the FGSA may use to hold events, and away games.

I agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary actions by the FGSA Board. These actions could include, but are not limited to, the following actions by an official, coach, and/or FGSA league representative: (1) verbal warning, (2) ejection from the event with written documentation of the incident to be kept on file with the FGSA and other organizations involved, (3) one or more game suspension(s) instituted by the FGSA Board, or (4) season suspension instituted by the FGSA Board.

I understand that the rules and guidelines listed above will be enforced for anyone that participates at FGSA events held for my child. I understand that signing this form will hold the parent(s)/legal guardian(s) of the child listed on the registration form accountable for the enforcement of these rules and guidelines to all friends, guests, and/or family members who participate at an event in support of my child.

(Parent/Legal Guardian Signature) Date: _____

(Parent/Legal Guardian Signature) Date: _____

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Section 8 – Payment Information Form

Child Name: _____

ITEM	AMOUNT	\$\$\$
Softball registration <small>(For every *extra* lotto calendar that you buy/sell, subtract \$10 off registration!)</small>	8U - \$50 10U - \$65 12U - \$75 14U - \$90 18U - \$90	(For every *extra* lotto calendar that you buy/sell, subtract \$10 off registration!)
Pants fee <small>(pants are required for 8U and up) (can be waived if previous pants are reused)</small>	\$20 x ___ pants	
8U/10U/12U Shirt/Jersey fee <small>(can be waived if previous shirt is reused)</small>	\$20 x ___ shirts	
14U/18U Shirt/Jersey fee <small>(can be waived if previous shirt is reused)</small>	\$75 x ___ shirts	
Optional Visor fee	\$10 x ___ visors	
Tiger Paw Socks fee <small>(these socks are required for 8U, 10U & 12U)</small>	\$10 x ___ pairs of socks	
(3) Fundraising Lotto Calendars	(3) Calendars x \$20 = \$60	\$60
Each additional \$20 Lotto Calendar that you purchase will result in \$10 off your registration fee	\$20 x ___ extra calendars	
EARLY PAYMENT DISCOUNT -\$15	SUBTRACT \$15 IF REGISTRATION & PAYMENT IS RECEIVED BY 2/05/16	
TOTAL AMOUNT DUE		

Administrative Use Only



Date Paid: _____

Amount Paid: _____

Cash: _____

Check: # _____

Received by: _____