



**Make check payable to:**  
**Northbrook Girls Softball Association**  
 Send mail-in registrations to:  
 P.O. Box 592  
 Northbrook, IL 60065-0592  
 info@northbrooksoftball.com



—Register online NOW, or complete and mail the form below—

## House League 2009 Registration Form

It's that time of year again! The Northbrook Girls Softball Program is holding its annual registration for **all girls in 3rd–8th grades** interested in playing softball. Girls of every skill level are encouraged to play! Our House League Program's focus is on learning and having fun. All girls play in every game. The season runs from early April through early June, with a 10–12 game schedule. The time commitment is about three times per week. All teams participate in play-offs, which lead to a World Series game at each level.

**Walk-in Registration** will be held Saturday, January 10th from 9:00–11:00 A.M. at the Village Green Park Center (1810 Walters Avenue). At walk-in registration there will be sample uniforms in all sizes for the girls to try on. NGSА wear will also be available for purchase. Or if you prefer, you can mail your registration and check to the address listed above.

**The House League fee is \$175 until January 19, 2008, or \$200 from January 20 until January 24, 2009. Please be aware that registration will close January 25, 2009. We cannot guarantee your daughter's placement on a team after that date.**

Player's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Family E-mail\*: \_\_\_\_\_  
 \*Required

### CLINIC REGISTRATION

In conjunction with the House League Program, we are also offering a series of **Clinic Sessions** which are intended to help the players improve their skills. The clinics are staffed with coaches and players from local high schools, universities and colleges. We strongly recommend that each player attend to get the most out of the softball season. **The sessions are \$20 each, or \$50 for all three.**

Please sign me up for these sessions:\*

\_\_\_\_ Sunday, March 8th      \_\_\_\_ Sunday, March 15th      \_\_\_\_ Sunday, March 22nd

All clinics will be held in the Field House at Glenbrook North High School.

Clinic sessions will be between 12:00 and 5:00, exact times will be announced.

Please check our web site at [www.northbrooksoftball.com](http://www.northbrooksoftball.com)

\*Clinic fees are due at the time of registration.  
 Please include the clinic fee with your registration fee.

## FAMILY INFORMATION

Parents: Mother: \_\_\_\_\_ (M) Work Phone: \_\_\_\_\_

Father: \_\_\_\_\_ (F) Work Phone: \_\_\_\_\_

Cellular/Pager Phone: \_\_\_\_\_

**//We want to help make this season a winner! //We can help with:**

\_\_\_\_\_ Coaching      \_\_\_\_\_ Umpiring      \_\_\_\_\_ Team Parent      \_\_\_\_\_ Sponsor a team

Other—Suggestions welcome! \_\_\_\_\_

### Uniform Shirt Size (Circle one):

(jersey is 50% cotton/50% polyester—minimal shrinkage)

<b>Size:</b>	YM (10–12)	YL (14–16)	AS	AM	AL	AXL	AXXL
<b>Chest:</b>			32–34	34–36	36–38	40–42	42–44

### Uniform Pants Size (Circle one):

(pants have elastic waists—no belts)

<b>Size:</b>	YS (8)	YM (10–12)	YL (14–16)	YXL (18–20)	AS	AM	AL	AXL
<b>Waist:</b>					28–30	32–34	36–38	40–42

Does your child have any medical or physical conditions needing our attention?    YES    NO    (Please circle one)

If **YES**, please explain below.

Does your child take any medication?    YES    NO    (Please circle one)                      If **YES**, please explain below.

#### Reciprocal friendship request\* \_\_\_\_\_

FIRST NAME

LAST NAME

\*Reciprocal friendship requests **MUST** match. The friendship request from the player you are requesting **MUST** have your name on it, or your friendship request will not be granted. Only **ONE** friendship request per person. Multiple requests will not be granted. **Friendship requests may not be honored if they would result in team imbalances. Please see the Registration section of the Web site for more details.**

I (We) the parents or legal guardians of the child identified as “Player” hereby grant full permission to Northbrook Girls Softball Association and their respective officers, directors, employees, agents, successors, and assigns and anyone authorized by any of them, to use my child’s name, likeness, voice, and biographical data, in whole or in part, in any and all media for the purposes of advertising, publicity and trade, and in connection therewith I hereby release them and each of them from all liability.

I (We) the parents or legal guardians of the child identified as “Player” hereby grant my (our) approval for Player to participate in any and all activities conducted by the Northbrook Girls Softball Association (the “Association”). In the event that my child is injured and I am not present, I hereby give the Northbrook Girls Softball Association coaches the authority to institute any emergency medical procedures deemed necessary for my child’s safety. I hereby accept full responsibility, financial or otherwise, for their actions resulting from these.

X \_\_\_\_\_  
(Signature of parent or guardian)

#### FOR OFFICE USE ONLY:

Check No: _____	Date: _____	House: _____
Amount: _____	By: _____	Clinics: _____
		Misc: _____
		NGSAWear: _____