



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 2011 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.

The House League fee is \$175 until January 7, 2011, or \$200 from January 8 until January 24, 2011. Please be aware that registration will close January 24, 2011. 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 6th ____ Sunday, March 13th ____ Sunday, March 20th

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

*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)

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

Uniform Pants Size (Circle one):

(pants have elastic waists—no belts)

Size:	YS (8)	YM (10–12)	YL (14–16)	YXL (18–20)	AS	AM	AL	AXL
Waist:					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.

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:

House: _____

Check No: _____ Date: _____

Clinics: _____

Amount: _____ By: _____

Misc: _____