

Bozeman Girls Fastpitch 2009

Name _____
Birth date _____ Age as of Dec. 31, 2008 _____
Address _____
City _____ Zip _____ School _____
Parent or Guardian _____
Phone (home) _____ (cell) _____ (work) _____
E-mail _____

Please note that The Bozeman Girls Fastpitch Inc. does not provide accident insurance for participants or spectators. I understand the nature of this activity is such that there is a possibility of an accident or injury. I therefore waive all claims against Bozeman Girls Fastpitch Inc., for accidents or injuries that may occur during the conduct of this program. My child has permission to participate in this program. I also give Bozeman Girls Fastpitch Inc., permission to treat my child in case of an Emergency.

Parent/Guardian Signature _____
Date _____ Special Request _____

Any allergies or physical conditions we need to be aware of.

N/A Explain

Physician _____ Phone _____

*****Please indicate if your player would be interested summer travel ball Y__N__
Travel season starts after the Recreation League ends. Please ask for more information if interested*****

Our Organization exists due to the efforts of Volunteers like you! It is in danger of no longer existing if new people do not come forward!

I would be interested in helping Bozeman Girls Fastpitch by being a:

Coach _____ Board Member _____ Parent Team Rep. _____
League Commissioner _____ Other _____
Team sponsor (\$300.00 donation) Amount _____ Ck# _____

Bozeman Girls Fastpitch is a non-profit organization.

Send completed forms and birth certificates to:

Bozeman Girls Fastpitch Inc. • PO Box 1163 • Bozeman MT 59771-1163

FORMS MUST BE RECEIVED BY MARCH 10, 2009

Contribution \$60.00 (for the first child) \$50.00 (each additional child) Late fee \$75 each if received after March 10, 2009.

Amount _____ Ck # _____
Copy of Birth Certificate on file _____ Will mail in _____