

**Decatur County Girls Softball**  
**2021 Fast Pitch Registration Form**

**Player Name:** \_\_\_\_\_  
DOB: \_\_\_\_\_ Age as of Jan. 1st \_\_\_\_\_ Experience **FP** \_\_\_\_\_ yrs. Positions Played **FP** \_\_\_\_\_

**Pitcher :**    **YES**            **NO**                      **Catcher:**   **YES**            **NO**

**Age Division:**      **10 & Under**                      **13 & Under**                      **17 & Under**

**Interested in being a:** **COACH**                      **ASST. COACH**

**Shirt Size:**      Youth Small(6-8),      Youth Medium (10-12),      Youth Large (14-16)      **(Check One)**  
Adult Small,      Adult Medium,      Adult Large,      Adult XL,      Adult XXL      Adult XXXL

**Parent or Guardian:** \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Emergency Phone#: \_\_\_\_\_

**Secondary Contact:** \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Does your child have any medical condition that the coach or organization should be aware of? Yes      No  
If yes, please give details. \_\_\_\_\_.

**Player Fees:**    \$50            **\$45 if this Child is signed up for Slow Pitch**

**Player Fee Paid:** \$ \_\_\_\_\_      **Check / Money Order / Cash (Do not mail cash)**

**(A \$35 Service charge will be applied to all returned checks)**

**\*You may mail your registration form along with a check or money order to:**  
**DCGSA 4548 North Co Rd 420 West, Greensburg, IN 47240.**

**For Questions:** **Please call President Dave Gearhart 812-593-2670 or VP Jim Wall 812-593-4754**

**Release/Concent for Medical Treatment**

I/We do hereby release and discharge the Decatur County Girls Softball Association and the respective staff and volunteers, of any and all rights and claims for damage resulting from injury of my person or property, which may be sustained or suffered by me in connection with my association with or participating in, activities connected with the Decatur County Girls Softball Association. Furthermore I/We give permission for emergency treatment of our child for illness/injury if we can not first be contacted.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\* Late registrations are subject to board approval, additional \$10 late fee and player is not guaranteed a jersey

**Administration notes:**