

CCGS Sign Up

College Community Girls Softball-Instructional League

REGISTRATION 2016

5 y/o through 4th Grade

DEADLINE APRIL 8th

All registrations must be turned in by April, 8th, 2016. Forms will only be accepted after April 8th if players are needed to fill a team. NO REFUNDS if placed on a team.

Our Girls Softball program relies on volunteers, from Commissioners, to Coaches and Field Maintenance. With your continued support everyone can have a fun, learning and rewarding time. So Parents Bring Your Softball Glove..Coaches will be contacted and rosters distributed to the coaches via e-mail and a meeting set before April 20th 2016. Players will be contacted and practices will start after the Coaches Meeting. Practices will be set up by your coach to begin April 27th. Games begin May 11th thru June 23rd. With rain make ups the week of June 27th. **Teams are dependent on coaches willing to step up.**

PLEASE NOTE: Complete and detach bottom portion of this form and mail it with the registration fee: \$50.00 per child in the league. *Make your checks payable to C.C.G.S. and mail to C.C.G.S. 19 33rd Ave Dr SW, Cedar Rapids, IA, 52404.* Make sure to mark the child's shirt size, and sign the bottom of the form. *The \$50.00 tuition includes money to be used for new equipment purchases, instead of a fund raiser.* CCGSOFTBALL@yahoo.com

Detach and Mail with Check

_____ 5 years old before May31st 2016 thru current Kindergarten T-ball Instructional Level 1

Games: Mon. Weds

_____ Current 1st & 2nd Grade: Coach Pitch Instructional Level 2.

Games Tues. & Thurs.

_____ Current 3rd & 4th Grades: Coach/possible kid Pitch Instructional Level 3

Games: Mon. & Weds.

Child's Name: _____ Parents or Guardian _____

Address: _____

Phone No. _____ CellPhone _____ Circle Shirt Size YS YM YL AS AM AL AXL

E-mail _____ Birthdate&Current Grade _____

Describe past softball experience _____

I hereby release and forever discharge the College Community School District and the C.C.G.S., their employees, officers, directors and members, from any and all claims for damages known or unknown, arising out of the injuries sustained by my child or myself as a result of participation in the 2016 C.C.G.S. League. This release includes any injuries or claims that may accrue during practice times, times before or after practice, or during games. I understand that the C.C.G.S. is an association of volunteers and that there are no express or implied warranties of any nature concerning the safety of this program. This Release covers claims that I may have individually, as well as any claims arising out of the parental relationship with my child. In addition, as the parent and the next friend (or guardian) of said child, I am hereby specifically releasing any and all claims that may accrue in my child's name or legal right.

I UNDERSTAND THAT THIS IS A RELEASE; I HAVE HAD FULL OPPORTUNITY TO REVIEW THIS, CONSULT WITH LEGAL COUNSEL OF MY OWN CHOICE AND AM SIGNING THIS INDIVIDUALLY AND ON BEHALF OF MY CHILD VOLUNTARILY.

Name: _____ Date: _____

This is a volunteer program and parents are encouraged, and needed to participate whenever possible. If you can help in any of these areas, Please indicate below. THE GIRLS THANK YOU!!!

WE ARE IN NEED OF SPONSORS THIS YEAR TO COVER ALL THE TEAMS. SPONSOR AMOUNT IS \$125.00 AND ENCLOSE ARTWORK, OR BUSINESS CARD. YOUR BUSINESS NAME IS ON THE SHIRTS AND SCHEDULES.

Coach _____ Commission Member _____

Assistant _____ SPONSOR _____