



# Penn Hills Girls Softball Association

[www.phgsa.info](http://www.phgsa.info)

**2010**



The Penn Hills Girls Softball Association (PHGSA) will sponsor Softball for all girls, ages 6 through 19.

**Eligibility: SLOW PITCH** - Age of the player as of August 1, 2010 for all Divisions.  
 - Age of the player as of January 1, 2010 for Senior Division (Age 19 Only)

**Slow Pitch Age Divisions:**      **Fees:**

6 - 8 year olds (Mighty Mites)	\$30.00 1st daughter, \$15.00 per each additional daughter (includes Team T-Shirt)
9 - 10 year olds (Juniors)	\$30.00 1st daughter, \$15.00 per each additional daughter (includes Team T-Shirt)
11 - 14 year olds (Intermediates)	\$50.00 1st daughter, \$40.00 per each additional daughter
15 - 19 year olds (Seniors)	\$50.00 1st daughter, \$40.00 per each additional daughter

**Eligibility: FAST PITCH** - Age of the player as of January 1, 2010

**Fast Pitch Age Divisions:**      **Fees** (fees include Jersey Shirt)



10 & Under	\$75.00 per daughter
12 & Under	\$75.00 per daughter
15 & Under	\$75.00 per daughter
18 & Under	\$75.00 per daughter

**MAKE CHECKS  
PAYABLE TO:  
"PHGSA"**

**TO JOIN:** please complete the REGISTRATION FORM on the back and return it with a copy of your Childs BIRTH CERTIFICATE and your PAYMENT to: **PHGSA, 403 Wilson Drive, Pittsburgh, PA 15235** OR register in person at Trinity Tower Church. (see below)

**IMPORTANT DATES TO REMEMBER:**

<b>Saturday, Feb 27 &amp; Mar 6</b> (10AM - 2PM)	<b>Sign-up at Trinity Tower Church, 6729 Saltsburg Rd (Slow &amp; Fast Pitch)</b>
<b>Wednesday, Feb 24 (6 PM - 7 PM)</b>	<b>Sign-up at Trinity Tower Church, 6729 Saltsburg Rd (Slow &amp; Fast Pitch)</b>
<b>Wednesday, Feb 24 (7 PM)</b>	<b>General Membership Meeting - New members invited!</b>
<b>Sunday, March 14</b>	<b>Slow Pitch League Tryouts at Linton Middle School</b>
<b>1:00 PM to 4:00 PM</b>	<i>Slow Pitch - REGISTRATION ONLY</i> - 6-8 yrs (Mighty Mites) & 9-10 yrs (Juniors)
<b>1:00 PM to 2:30 PM</b>	Slow Pitch Tryouts - Intermediates (11-14yrs)
<b>2:30 PM to 4:00 PM</b>	Slow Pitch Tryouts - Seniors (15-19yrs)
<b>Sunday, March 21</b>	<b>PHGSA Team Drafts (Slow Pitch Only) - Managers Only</b>

**PHGSA Commissioners:**

<b>Scott Davis</b> <i>Mighty-Mite/JR</i>	412.475.4447	<a href="mailto:danascottdavis@yahoo.com">danascottdavis@yahoo.com</a>
<b>Russ Stroschein</b> <i>Intermediates</i>	412.337.2557	<a href="mailto:chief@eastmckeesportboro.com">chief@eastmckeesportboro.com</a>
<b>Tom Karlheim</b> <i>Seniors</i>	412.793.8139	<a href="mailto:echos86@comcast.net">echos86@comcast.net</a>
<b>Dave Bozick</b> <i>Fast Pitch</i>	412.795.3241	<a href="mailto:dab15235@comcast.net">dab15235@comcast.net</a>

**PHGSA is looking for Team Managers for Mighty-Mite, Junior & Intermediate Teams! Contact division Commissioner for information.**

**REGISTRATION FORM ON BACK**

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1/25/2010

**PENN HILLS GIRLS SOFTBALL ASSOCIATION - REGISTRATION FORM - 2010**

**Slow Pitch:** Mighty Mites \_\_\_\_ Juniors \_\_\_\_ Intermediates \_\_\_\_ Seniors \_\_\_\_

**Fast Pitch:** 10 & Under \_\_\_\_ 12 & Under \_\_\_\_ 15 & Under \_\_\_\_ 18 & Under \_\_\_\_

PLAYER NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**Age as of:** Slow Pitch August 1, 2010 \_\_\_\_\_ Fast Pitch and Senior 19 years January 1, 2010 \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE No.: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**DO YOU HAVE A SISTER PLAYING?** If so, player will be on the same team unless parent(s)/guardian(s) state otherwise - or are in different divisions (based on age). INDICATE SISTER'S NAME and TEAM

Returning Players : players moving up must enter into the Draft, unless being placed on sister's team by default

CURRENT TEAM: \_\_\_\_\_ DO YOU WISH TO BE RE-DRAFTED? YES or NO

**SUPPORT PHGSA and VOLUNTEER YOUR TIME! (Check all that are of interest)**

TEAM MANAGER ( ) COACH ( ) SCOREKEEPER ( ) FUND RAISERS ( )

CONCESSION STAND ( ) - If yes, days available? M / T / W / Th / F / S

Girls 13 years old or older, would you like to volunteer in the Concession stand? Yes \_\_\_\_ No \_\_\_\_

**END OF SEASON TOURNAMENT:** Are you interested in playing? Yes \_\_\_\_ No \_\_\_\_

**MEDICAL RELEASE**

Name of Insurance Company: \_\_\_\_\_

Name of Primary on Policy: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Date Expires: \_\_\_\_\_

List any medical conditions or problems that a coach/athletic trainer/doctor should be aware of:

List any drug/food allergies: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Hospital Affiliation: \_\_\_\_\_

**Contact the following in case of an emergency:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ W \_\_ H \_\_ C \_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ W \_\_ H \_\_ C \_\_

**I ASSUME FULL RESPONSIBILITY IN CASE OF ACCIDENTS OR PERSONAL INJURY AND UNDERSTAND THE FORM I HAVE READ.**

*I hereby grant permission, in case of injury, to have an athletic trainer and/or medical doctor provide me with medical assistance and/or treatment. **If you are under 18 years old:** A parent/guardian must provide consent for you to be given medical assistance and/or treatment.*

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

( PARENT / GUARDIAN or PLAYER 18 or older )

PRINT NAME (Legibly): \_\_\_\_\_