

Fastpitch/Coach Pitch

8U (6-8) _____ 10U (9-10) _____ 12U (11-12) _____ 15U (13-15) _____

Age as of 01/01/2016 _____

Shirt Size: (circle one) **Youth:** S M L **Adult:** S M L

Pants Size: (circle one) **Youth:** S M L **Adult:** S M L

Slowpitch

Junior Division _____

Senior Division _____

Fastpitch Travel - The Pittsburgh Phantoms

Age as of 01/01/2016 _____



PLAYER NAME _____ DATE OF BIRTH _____

ADDRESS _____ ZIP _____

PHONE NUMBER _____ EMAIL ADDRESS _____

Returning Player Information - Current Team _____

Do you wish to remain on the your current team? YES or NO

All players moving up to a new division must enter into the Draft, unless placed on sister's team by default.

Do you have a sister registered? Sister's Name/Team _____

Sisters will be placed on the same team unless parent(s)/guardian(s) request otherwise or are in different divisions.

Are you interested in playing tournament ball? YES or NO

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

TEAM MANAGER () **COACH** () **SCOREKEEPER** () **CONCESSIONS** ()

Each family will be required to supply a Concession Donation not to exceed \$15 per family. You will be notified of your team requirements at the start of the season.

MEDICAL RELEASE

Name of Insurance Company _____

Name of Primary on Policy _____

Policy Number _____ Expiration Date _____

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

List any drug/food allergies _____

Physician's Name _____ Hospital Affiliation _____

Emergency Contacts

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.*

SIGNATURE _____ DATE _____

(PARENT / GUARDIAN or PLAYER 18 or older)

PRINT NAME (Legibly): _____ phgsa.info