



Oceanside Fastpitch

"Play With the Best!"

Registration Form

P.O. Box 6650, Oceanside, CA 92051

fastpitchoceanside.org



PLAYER INFORMATION:

Player Last Name _____ Player First Name _____ MI _____
 _____ / _____ / _____
 Birth Date _____ Age as of January 1st _____ Jersey Size _____ Jersey # _____
 Address _____ City _____ State _____ Zip _____
 (____) _____ - _____
 Phone number _____ School _____ Grade _____
Player experience: All-Star Y/N Winterball Y/N Pitcher Y/N Catcher Y/N # of Rec Seasons played: _____

 League Participated in _____ Name of Preferred Manager (Fall ball Only) _____

PARENT/GUARDIAN INFORMATION:

PARENT 1 : _____
 Last Name _____ First Name _____
 (____) _____ - (____) _____ - (____) _____
 Home Phone _____ Work Phone _____ Cell Phone/Pager _____
PARENT 2: _____
 Last Name _____ First Name _____
 (____) _____ - (____) _____ - (____) _____
 Home Phone _____ Work Phone _____ Cell Phone/Pager _____
Player lives with: Parent 1 _____ Parent 2 _____ Both _____
Parent 1 E-mail Address: _____ **Parent 2 E-mail Address:** _____

Registration Fees: I agree, as the Parent/Guardian, to PAY A REGISTRATION FEE and that the registration fee is NON-REFUNDABLE AFTER THE PLAYER HAS PARTICIPATED IN THE PLAYER PREVIEW PROCESS AND/OR HAS BEEN ASSIGNED TO A TEAM. (Registration fees are collected at the time of registration and are made payable to GFSSO.) **Initial** _____

I FURTHER AGREE THAT ANY RETURNED CHECKS MAY BE SUBJECT TO A \$25.00 SERVICE FEE. **Initial** _____

Fundraiser Participation: I agree, as the Parent/Guardian, to PARTICIPATE IN THE LEAGUE FUNDRAISER or in lieu of the League fundraiser PAY AN OPT-OUT FEE OF \$75.00. (Opt-out fees are collected at the time of registration ONLY and are made payable to GFSSO.) **Initial** _____

Snack Bar Support: I agree, as the Parent/Guardian, to VOLUNTEER A MINIMUM OF 3 HOURS towards the OPERATION OF THE LEAGUE'S SNACK BAR or FORFEIT MY \$50.00 SNACK BAR DEPOSIT. (Snack Bar deposits are collected at the time of registration ONLY and are made payable to GFSSO.) **Initial** _____

Consent for Medical Treatment: As the Parent/Guardian of the above named player, I hereby give any consent for EMERGENCY MEDICAL CARE prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my child or dependent.

Family Doctor's Name _____ (____) _____ - _____ Please list any medical conditions or prohibitions the player may have:
 Phone Number _____
 Insurance Provider _____ Policy Number _____
 Emergency Contact _____ (____) _____ - _____ (____) _____ - _____
 Phone Number _____ Cell Phone/Pager _____
 Relationship to Player: _____

Waiver/Release of Liability: As the Parent/Guardian of the above named player (child.), I AGREE, on behalf of myself and the player 1) TO ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE CHILD'S PARTICIPATION IN ANY AND ALL GFSSO ACTIVITIES DURING THE CURRENT SEASON, INCLUDING TRANSPORTATION TO AND FROM ACTIVITIES; 2) TO RELEASE GFSSO FROM LIABILITY, TO INDEMNIFY AND TO HOLD GFSSO, ITS ORGANIZERS, SPONSORS, PARTICIPANTS AND PERSONS TRANSPORTING THE CHILD TO AND FROM ACTIVITIES, HARMLESS FROM ANY AND ALL CLAIMS OR SUITS ARISING OUT OF ANY INJURY TO THE CHILD AND 3) I APPROVE OF THE CHILD'S PARTICIPATION IN ANY AND ALL GFSSO ACTIVITIES DURING THE CURRENT SEASON.

Initial: _____

Signature of Parent or Legal Guardian _____

_____ / _____ / _____
Date Signed

GFSSO USE ONLY

Registration for:
 Recreation Season 20____
 Rookies 8U 10U 12U 14U 16U
 Fall ball Season 20____
 8U 10U 12U 14U
Board Member Verification:
 _____ Date _____ Birth Certificate
 _____ Name _____ Address
 _____ Phone _____ School
 _____ Father _____ Phone #
 _____ Mother _____ Phone #
 _____ Medical _____ Signature

Snack Bar OPT/OUT: \$30.00

Check Number: _____
Cash Received: Y/N

Fundraiser-OPT/OUT: \$75.00

Check Number: _____
Cash Received: Y/N

Snack Bar DEPOSIT: \$50.00

Check Number: _____
Cash Received: Y/N

Fundraiser Material Received: Y/N

Registration FEES: \$ _____

Military Discount: 10%
Discount Amount: \$ _____

Total Registration Due: \$ _____ C

Volunteer /Parental Support Information:

Manager	Parent: 1 2
Coach	Parent: 1 2
Asst. Coach	Parent: 1 2
Team Parent	Parent: 1 2
Sponsor	Parent: 1 2
Activities	Parent: 1 2
Umpire	Parent: 1 2
Field Prep	Parent: 1 2
Advertising	Parent: 1 2
Tech Support	Parent: 1 2
Board	Parent: 1 2

Comments/Requests:

Name of Board Member verifying Information and taking application:

