

TRACE CREEK GIRL'S SOFTBALL  
PLAYERS APPLICATION FORM 2012

FOR OFFICIAL USE ONLY

Primary Fees: \_\_\_\_\_: Check # \_\_\_\_\_  
 Shirt Fees : \_\_\_\_\_  
 Total \$ : \_\_\_\_\_  
 Birth Certificate: \_\_\_\_\_ Yes \_\_\_\_\_ No  
 HOSPITAL REL. \_\_\_\_\_ YES \_\_\_\_\_ NO

ALL APPLICANTS WILL BE PLACED ON A TEAM AND RECEIVE PLAYING TIME  
 NO REFUNDS WILL BE AWARDED AFTER TRYOUTS!

Please pick # for back of shirt- pick your top 3 choices in order- **1.**      **2.**      **3.**  
 Please list positions played in previous years: **1.**      **2.**      **3.**

Name of Player (last, first, middle)	Date of Birth      Age on Jan1, 2012	Youth      Adult
Name of Father (Guardian - Circle Yes or No)	Name of Mother (Guardian - Circle Yes or No)	Address of Child
Name of Step-Father (If Applicable)	Name of Step-Mother (If applicable)	Address of Parents (if different from above)
Father's Telephone Number (Home Business)	Mother's Telephone Number (Home & Business)	Child's Telephone Number (if different)

Please indicate above any physical limitations (allergies, hearing, sight, etc.)

Please indicate above any activities that will limit your time of play (band, camps, vacation. etc.)

\*\*\*\*\*

I/We, the parents of the above named candidate for a position on a Softball Team, hereby give my/our approval to participate in any and all Trace Creek Girl's Softball activities, including transportation to and from the activities.

I/We know that participation in softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive and release the City of Campbellsville from all liability in conjunction with my use of the property and shall indemnify, defend and hold harmless the City of Campbellsville, its agents and employees from and against all claims, damages and losses and expenses including attorney's fees. I also waive and release Trace Creek Girl's Softball, Inc. the organizers, sponsors, supervisors, coaches, participants, and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I/We will/have furnish(ed) a certified birth certificate of the above-named candidate to Trace Creek Girl's Softball, Inc.

Parent or Guardian Signature \_\_\_\_\_ Check if you are interested in \_\_\_ Field work \_\_\_ Coaching \_\_\_ Concessions

Parent shirts will be ordered at a later date through the coach's.