Summer Travel Registration Form

Last Name	First Name
Mailing Address	Age / Date Of Birth
City, State, Zip Code	
Email Address	Home Phone # / Cell Phone #
Father's Name	Mother's Name
Current Year's Team or Coach	Medical Problems
Person to notify in an emergency	Phone #
Doctor to notify in an emergency	Phone #

Abide by Rules and Release

I, the parent/guardian of the registrant, a minor, agree that I, and the registrant will abide by the rule of Danvers Girls Softball. Recognizing the possibility of physical injury associated with softball, and in consideration for the Danvers Girls Softball League accepting the registrant for its softball program and activities, I hereby release, discharge and/or otherwise indemnify the Danvers Girls Softball League, its affiliated personnel, including owners of fields and facilities and coaches used for the programs against any claim by or on the behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.
I hereby give permission to have pictures taken of my child to be used by Danvers Girls Softball purposes only.

Consent for Medical Treatment (Minor)

As Parent or Legal Guardian of the above named player, I hereby give my consent for emergency medical care prescribed by the duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent.

Name _____ Signature _____ Date _____

For Office Use Only

Registration Fee: ☐ Payment Received ☐ Cash, Amt. $ _____
☐ Check, Amt. $ _____, Check # _____ (Payable to DGS)

The Board of Directors of Danvers Girls Softball League reserve the right to move a child up or down in level, due to safety reasons. There will also be no request taken for team placement.