Registrar:
Libby Kellard
PO Box 435
Danvers, MA 01923

Registration Form

Last Name	First Name	
Mailing Address	Date of Birth	Current School Grade
City, State, Zip Code		Current School
Email Address	Home Phone #	Cell Phone #
Father's Name	Mother's Name	
Last 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 reserves the right to move a child up or down in level, due to safety reasons. **There are no requests taken for team placement.**