



STRIKERS HEBOYGAN



General Registration Information For the 2012 Season

8U (Born 2003 or 2004)

- This age level concentrates more on instruction
 - No travel – 8 to 10 Home Games
 - Practices start in March
- \$50 Registration + Sell 100 Brat Fry Tickets + Volunteer Time

10U (Born 2001 or 2002)

- Still Instruction Heavy, but more Games & Travel
 - 10-12 Games and 2 to 3 Tournaments
 - Players divided evenly (If more than 1 team)
 - Practices start in March
- \$140 Registration + Sell 100 Brat Fry Tickets + Volunteer Time

12U (Born 1999 or 2000)

- Games & Tournament Heavy
- 15-20 Games and 3 to 4 Tournaments
- Players tryout for A and B teams
 - Practices start in March
- \$140 Registration + Sell 100 Brat Fry Tickets + Volunteer Time

14U (Born 1997 or 1998)

- Game & Tournament Heavy
- 15-20 Games and 3 to 4 Tournaments
- Players tryout for A and B teams
 - Practices start in March
- \$140 Registration + Sell 100 Brat Fry Tickets + Volunteer Time

16U (Born 1994, 1995 or 1996)

Port League

- (Open to all players except graduating Seniors)
- Born in 1994 or younger (if eligible)
 - Wednesday Nights in Port Washington
 - No Tournaments
 - Additional Games if possible
 - \$100 Fee + Sell 100 Tickets + Volunteer Time

Tournament Team

- (Team will be chosen based on performance in high school as seen by our coaches.)
- Born in 1995 or younger only
 - 4-5 Tournaments
 - Additional Games if possible
 - Players may also participate in Port League
 - \$150 Fee + Sell 100 Tickets + Volunteer Time



Sheboygan Girls' Fast Pitch Softball Association
ASA Member - Summer Fast Pitch Program
2012 Registration Form

Player Name:	Birth Date:
Address:	School:
City / St / Zip:	Grade:
Parents' Names:	T-Shirt Size:
	Phone:
Email #1:	Cell:
Email #2:	Other:
Physician Name:	MD Phone:
Dentist Name:	Dentist Phone:
Emergency Contact #1:	EC #1 Phone
Emergency Contact #2:	EC #2 Phone:
Medical Conditions / Allergies that coaches should be aware of:	
Emergency Medications you self-carry:	

(Note: Players must provide own fielding glove, slider, batter's glove if desired, and cleats)

I give approval for my daughter to play for the Sheboygan Girls' Fast Pitch Softball Association. As the SGFSA does not provide insurance for accident or medical care, I understand that all medical and accident-related care will be provided at my expense. Transportation to and from games/tournaments/practices is our family's responsibility. I agree to return, upon request, the team uniform and other equipment issued to my daughter in as good condition as when received, except for normal wear and tear. I understand that I may have to pay for uniforms or equipment that I return damaged. I understand that I am also obligated to sell 100 Brat Fry tickets and commit to 2 hours of volunteer service to the organization.

I hereby release the Sheboygan Girls' Fast Pitch Softball Association, its officers and members from all liability for injury or loss of property incurred by the above listed player while taking part in any aspect of the program including camps, practices, games and other Striker-related activities. I understand that my daughter's participation does not guarantee any amount of playing time. Scholarships are available for those who request financial assistance. A 50% deposit (Non-refundable) is due by January 9th, 2012 to reserve a roster spot. On site registration will be at Sheboygan North's Raider Gym on January 9th - 6:30pm. If the complete fee is not paid by February 28th - 2012, your position on the team may be forfeited and you will not be issued a uniform. A late fee of \$80 will be added for all registrations after March 3rd, 2012.

PROGRAM FEES

(Please check the age group that applies. Birth year is listed below the age group)

<input type="checkbox"/> 8U 2003, 2004	<input type="checkbox"/> 10U 2001-2002	<input type="checkbox"/> 12U 1999-2000	<input type="checkbox"/> 14U 1997-1998	<input type="checkbox"/> 16U 1994-1996*
\$50	\$140	\$140	\$140	See additional form

ALL registration fees are non-refundable.

_____ Parent Signature _____ Date _____

SGFSA information only:
 _____ Deposit Pd. _____ Balance Pd. _____ Insurance Info complete

Mail these forms with your payment (Checks Payable to SGFSA) to:

Kim Warden
 C/o Sheboygan Strikers
 2120 N. 27th Place
 Sheboygan, WI 53081



Sheboygan Girls' Fast Pitch Softball Association
ASA Member - Summer Fast Pitch Program
2012 Medical Treatment Form

Date: _____

I, _____, give my permission for Coaches/Managers of
(Name of parent or legal guardian)
Sheboygan Girls' Fast Pitch Softball Organization to authorize medical treatment for my
daughter, _____ if and when it is needed during my
absence from her. Her date of birth is _____.

Her allergies or medical problems include:

Our Medical Insurance Carrier is _____ (name of company) and

The ID # that covers her medical insurance is _____

The Group # is _____.

This authorization is valid only during the SGFSA regular 2012 season.

Signature of Parent or Legal Guardian

Date of Signature

Witnessed by:

Date of Signature