



2012 Spring Registration

OPENING DAY May 5, 2012 (practices start the week of March 26, 2012)

Player #1 - Mandatory Evaluations 3/10/12 for all players 8U-14U at Greenwood Middle School North Gym from 10 a.m. to 2 p.m.

Shirt size: Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

Age Group: Registrants must play in the age group that they fall in by 1/1/2012. No exceptions will be made for birthdates after 3/30/2012

DOB: _____ 6U 8U 10U 12U 14U (We reserve the right to combine age groups, if necessary)

____ Parents initial giving your child permission to be a sub in the next age group up

Last Name: _____ First Name: _____ Name on back of shirt: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Known Allergies: _____ Medical Condition: _____

Experience in: Travel (# of Years ___/Position ___) All Stars(# of Years ___/Position ___) Pitching/Catching (# of Years ___)

Player #2 - Mandatory Evaluations 3/10/12 for all players 8U-14U at Greenwood Middle School North Gym from 10 a.m. to 2 p.m.

Shirt size: Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

Age Group: Registrants must play in the age group that they fall in by 1/1/2012. No exceptions will be made for birthdates after 3/30/2012

DOB: _____ 6U 8U 10U 12U 14U (We reserve the right to combine age groups, if necessary)

____ Parents initial giving your child permission to be a sub in the next age group up

Last Name: _____ First Name: _____ Name on back of shirt: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Known Allergies: _____ Medical Condition: _____

Experience in: Travel (# of Years ___/Position ___) All Stars(# of Years ___/Position ___) Pitching/Catching (# of Years ___)

Player #3 - Mandatory Evaluations 3/10/12 for all players 8U-14U at Greenwood Middle School North Gym from 10 a.m. to 2 p.m.

Shirt size: Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

Age Group: Registrants must play in the age group that they fall in by 1/1/2012. No exceptions will be made for birthdates after 3/30/2012

DOB: _____ 6U 8U 10U 12U 14U (We reserve the right to combine age groups, if necessary)

____ Parents initial giving your child permission to be a sub in the next age group up

Last Name: _____ First Name: _____ Name on back of shirt: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Known Allergies: _____ Medical Condition: _____

Experience in: Travel (# of Years ___/Position ___) All Stars(# of Years ___/Position ___) Pitching/Catching (# of Years ___)

Parent or Guardian #1 Child resides with

Last Name: _____ First Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____ Email: _____

Parent or Guardian #2 Child resides with

Last Name: _____ First Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____ Email: _____

Alternate Contact (someone other than Parent/Guardian #1 or #2)

Last Name: _____ First Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____ Email: _____

VOLUNTEER

I (we) understand that this is a volunteer organization and I (we) am expected to volunteer my (our) time in one of the following areas. I understand that Greenwood Lassie League is a not-for-profit organization. My/our preference for volunteering is (MUST SELECT ONE):

- *Coach (separate application required) *Assistant Coach (separate application required)
 Concession Stand Facility/Field Maintenance Team Parent Volunteer Buyout (\$10 additional)

_____ Volunteer Name _____ Phone number _____ Email
**Separate application required and is due no later than 2/15/12. New applicants must attend a mandatory meeting on 2/21/12, time and location to be determined. Draft & Coaches meeting on 3/20/12, time and location to be determined.*

CODE OF CONDUCT

As a parent/guardian, I recognize that parents/guardians are the most important role models for their children, and that sports help to develop a sense of teamwork, self-worth and sportsmanship. As such, I agree to abide by the following:

1. Encourage good sportsmanship by demonstrating positive support for all players, coaches, fans and officials at games, practices and other sporting events.
2. Place the well being of the children before a personal desire to win.
3. Advocate a sports environment that is free of drugs, tobacco, alcohol and abusive language, and refrain from their use during youth sporting events.
4. Encourage my child to play by the rules and respect the rights of other players, coaches, fans and officials.

Signature of Parent/Legal Guardian: _____ **Date:** _____

Complete REGISTRATION form and make PAYMENT

ONLINE @ www.gllsoftball.net

OR

By MAIL to:

GLL Softball

PO Box 624

Greenwood, IN 46142

OR

In PERSON @ Dick's Sporting Goods @ Greenwood Park Mall 2/4/12 10 a.m. to 2 p.m.

Fee Schedule (multiple players from the same house receive a \$5 discount on registration)	
EARLY BIRD Registration Fee (1/1/12 – 2/19/12) 1 player - \$70.00 2 players - \$135.00 3 players - \$200.00	\$ _____
REGULAR Registration Fee (2/20/12 – 3/19/12) 1 player - \$85.00 2 players - \$165.00 3 players - \$245.00	\$ _____
Fundraiser/Volunteer: <input type="checkbox"/> Minimum 1 box of candy per player – all money must be turned in by 4/28/12 *Candy will be distributed at Mandatory Evaluations on 3/10/12	
<input type="checkbox"/> \$35.00 Fundraiser BUY OUT per player _____ (# of players) x \$35.00 →	\$ _____
<input type="checkbox"/> \$10.00 Volunteer BUY OUT per player _____ (# of players) x \$10.00 →	\$ _____
Parent FAN Pack: (includes 1 T-shirt with name on back & 1 personalized window decal) ____ \$20 Pack Shirt Size _____ Name on shirt _____ Name on decal _____ ____ \$15 T-shirt Shirt Size _____ Name on shirt _____ Name on decal _____ ____ \$7 Decal Shirt Size _____ Name on shirt _____ Name on decal _____	\$ _____
Payment Method (PLEASE Do Not Mail Cash) **Payment is required to process the registration. <input type="checkbox"/> Check # _____ <input type="checkbox"/> Money Order # _____ Total	\$ _____
If a balance is owed (for registration fees, fundraiser or buy outs), I agree to pay the remaining balance by 4/28/12. I understand that if I fail to pay the amount due by 4/28/12 my child will not receive her uniform until the balance is paid in full. Initial here to acknowledge agreement _____	

***Special Requests: _____

***Transportation requests will only be considered if arrangements cannot be made within the team the player is drafted to. At that point a trade will be made for a comparable player.