



2008 VGSL FALL REGISTRATION FORM

P.O. Box 345, Vienna, Va. 22183
703-281-5216
www.vgsl.org

VGSL Use only:
Last name: _____
Division: _____
CK #: _____
Phone: _____
Team: _____

Registration runs from 7/23/08 - 8/25/08.
Walk-in registration on 8/9/08 at Vienna Community Center

Check your choices and add appropriate fees to the total space provided.

- | | |
|---|---|
| <input type="checkbox"/> TBALL (Age 5 by 12/31/08) *\$45.00 | TBALL will be offered if the registration numbers support two teams |
| <input type="checkbox"/> COACH PITCH (recommended for 1st/2nd grades) *\$45.00 | <input type="checkbox"/> NON-VOLUNTEER FEE \$25.00 |
| <input type="checkbox"/> 10U DIVISION (No older than 10 by 12/31/08) *\$65.00 | <input type="checkbox"/> LATE FEE (after 8/25/2008) \$10.00 |
| <input type="checkbox"/> 12U DIVISION (No older than 12 by 12/31/08) *\$65.00 | VGSL cannot guarantee placement on 12U, 10U, CP, or TB for registration forms received after August 25, 2008. Please make sure you register on time |
| <input type="checkbox"/> 13+ DIVISION (13 or older on or after 1/1/09) *\$65.00 | |

TOTAL DUE \$ _____

*Fee includes mandatory \$5.50 Fairfax County Athletic facilities usage fee.

PLAYER INFORMATION

PLAYER NAME AND ADDRESS

KEY INFORMATION

Name: _____
Address: _____
City, Zip Code _____
Home Phone: _____
School Attends: _____
Schedule Conflicts: _____

Birth date (mm/dd/yyyy): _____
2008 Spring Team: _____
Return to same Team? (no guarantees): YES NO
Pitching experience: none – some – most games
Catching experience: none – some – most games
Jersey size (50/50 cotton/poly) (circle): YS YM YL AS AM AL AXL
Name on Jersey (first name or nickname) _____

PARENT/GUARDIAN INFORMATION

Father Name: _____
Work Phone: _____
Other: _____
Mother Name: _____
Work Phone: _____
Other: _____

Email Address _____
Cell Phone: _____
Email Address _____
Cell Phone: _____

VOLUNTEER OPPORTUNITIES (please indicate 1st, 2nd, 3rd choices. If you choose not to volunteer, please add the non volunteer fee above.)

VGSL Board Member Head Coach Assistant Coach Team Parent Field Prep

CARPOOL REQUEST (no guarantees): _____

If you do not want the information about your child found on this form to be released under a Freedom of Information Act (FOIA) request by the Fairfax County Department of Community Recreation Services (CRS), you must check this box. For more information about the FOIA, please see www.vgsl.org website.

PARENT RELEASE

I am the parent/guardian of the registrant and hereby give my approval for my child to participate in all VGSL activities during the current season. I hereby release, indemnify, hold harmless and without fault VGSL, its sponsors, organizers, managers and coaches. I assume all risk and hazards incident to the conduct of the activities and transportation to and from such activities. In case of injury to my child, I hereby waive all claims against VGSL, its managers, coaches, sponsors and organizers. I also waive to the extent not covered by liability insurance any claim against any person transporting my child to and from games, practices and other activities. I agree to be responsible for the return of all equipment. VGSL has my permission in case of emergency, when I cannot be located, to take my child to the emergency room of the nearest hospital or clinic and give its medical staff permission to provide treatment.

PARENT SIGNATURE: _____
EMERGENCY CONTACT: _____
NAME OF CHILD'S DOCTOR: _____
INSURANCE CO: _____
KEY MEDICAL HISTORY: _____

DATE: _____
PHONE #'S: _____
DOCTOR PHONE: _____
POLICY/GROUP #: _____