

Sign up early to avoid waiting list!  
**DEADLINE** is December 31



www.capogirls.com

**Registration 2011 Capo Girls Softball – ASA Recreational League**

1. Contact Info (please fill out all sections)

Player Name: \_\_\_\_\_ Years Played: \_\_\_\_\_  
 Parent/Guardian: Mom: \_\_\_\_\_ Dad: \_\_\_\_\_ Guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Tel: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

2. Player Info D.O.B. \_\_\_/\_\_\_/\_\_\_ Player age on Dec. 31: \_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

	Youth				Adult			
Shirt Size (circle one)	S	M	L	XL	S	M	L	XL
Short/Pant Size (circle one)	S	M	L		S	M	L	XL

6U & 8U only: I want to be on the same team as (Coach/Player) \_\_\_\_\_  
 (We will try but cannot guarantee placement on a team)

3. Volunteering: **Each family is asked to volunteer some of their time to keep the league available to our daughters year after year. You may pay \$60 to the league in lieu of volunteering.**

**Choice #1:** Check volunteer choices below:

- |  |  |  |   |  |
|--|--|--|---|--|
| <input type="checkbox"/> Team Manager        | <input type="checkbox"/> Team Mom        | <input type="checkbox"/> Asst. Coach                         | <input type="checkbox"/> Spiritwear Mgr           | <input type="checkbox"/> Equipment Dir |
| <input type="checkbox"/> Player Agent        | <input type="checkbox"/> Umpire in Chief | <input type="checkbox"/> Safety Director                     | <input type="checkbox"/> Field Director           | <input type="checkbox"/> Scheduler     |
| <input type="checkbox"/> Uniform Director    | <input type="checkbox"/> Fundraising     | <input type="checkbox"/> Snack Shack Mgr                     | <input type="checkbox"/> Registration Coordinator | <input type="checkbox"/> Umpire        |
| <input type="checkbox"/> Opening/Closing Day |  | <input type="checkbox"/> Yearbook, Awards, Pictures Director |   |  |

The following volunteer choices require four (4) hours total, or two 2-hour shifts, per family

- Snack Bar Shifts       Spirit Wear Booth Shifts       Field Prep

**Choice #2:**

In lieu of volunteering, I will pay \$60 to the league.

4. Sign up Fees **Fee includes registration, uniform & clinics.**

(Whatever age player is on December 31 of this year is the division player will play in.)

<input type="checkbox"/> 6U (Ages 5-6)	<b>\$75</b>	_____
<input type="checkbox"/> 8U (Ages 7-8)	<b>\$165</b>	_____
<input type="checkbox"/> 10U (Ages 9-10)	<b>\$165</b>	_____
<input type="checkbox"/> 12U (Ages 11-12)	<b>\$165</b>	_____
<input type="checkbox"/> 14U (Ages 13-14)	<b>\$165</b>	_____
<input type="checkbox"/> Volunteer Waiver Fee	\$ 60	_____
<input type="checkbox"/> Team sponsor (separate form)	Bronze \$300, Silver \$400, Gold \$500	_____
	<b>TOTAL \$</b>	_____

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

Checks made payable to: **Capo Girls Softball**  
 P.O. Box 1197, San Juan Capistrano, CA 92693



5. Capo Girls Softball Waiver and Release  
(Must be completed and signed for each player)

*The participant will be playing in a girls softball program. As such, the participant will be subject to catching and hitting balls thrown at a high rate of speed; sliding into bases; possible collision with other participants; possibly being hit by a thrown or hit ball; and other elements common in the sport of softball.*

*In consideration for being permitted by the Capo Girls Softball League to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I or my child may have, or which may hereafter accrue to me or my child, as a result of participation in said activity. This release is intended to discharge in advance Capo Girls Softball (its officers, volunteers, employees and agents) from any and all liability arising out of our control in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of person or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost or expense which they may incur as the result of my death or injury or property damage that I may sustain while participating in said activity.*

*PARENTAL CONSENT: (To be completed and signed by parent/guardian if applicant is under 18 years of age).*

*I hereby consent that my daughter, \_\_\_\_\_, participate in the above activity, and I hereby execute the above Agreement, Waiver and Release on her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity.*

*I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN CAPO GIRLS SOFTBALL AND MYSELF AND I SIGN IT OF MY FREE WILL.*

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



6. Sponsor Form

**Capo Gold Sponsor \$500**

- 1/2 page ad in League Year Book*
- Business-card ad on www.capogirls.com*
- Team Photo Sponsor Plaque*
- Logo on Sponsor Banner*
- Appreciation Banner*

**Capo Silver Sponsor \$400**

- 1/4 page ad in League Year Book*
- Business-card ad on www.capogirls.com*
- Team Photo Sponsor Plaque*
- Logo on Sponsor Banner*

**Capo Bronze Sponsor \$300**

- Team Photo Sponsor Plaque*
- Business-card ad on www.capogirls.com*

Your Name: _____ Phone: _____
Sponsor Name: _____
To Appear on Media _____
Mailing Address: _____
Type of Sponsor: _____ Amount Enclosed: _____
I want to sponsor _____ Team
(Please enclose business card)
<b><u>Make checks payable to:</u> Capo Girls Softball</b>
<b>P. O. Box 1197, San Juan Capistrano, CA 92693</b>