



Spring 2023 Registration Form

agflboard@gmail.com

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Alamogordo Girls Fastpitch League

Players Name: _____
(Last) (First) Shirt Size (specify adult or youth): _____

Date of Birth: _____ Age as of 12/31/2023 _____

Mothers Name: _____ Mothers Phone: _____

Fathers Name: _____ Fathers Number: _____

Parent email: _____

Alternate Emergency Contact: _____
(Name) (Phone Number)

Team Request: _____ Did you play for this team previously? _____

Years of Experience: _____ Primary Position: _____ Secondary Position _____

Does player have any limitations or allergies the coach should be made aware of? _____
(Explain on Back)

Registration Fees: \$35 via Check, \$36.75 via Paypal each player.
Additional Siblings are \$25.00 each.

Check or PayPal: _____ Received by _____

Photographs/Video: Please understand photos may be taken of your player and may be used for league advertisement or put on the league Facebook page. The league has no control over other photos appearing elsewhere. If you wish for pictures posted by the league be removed Please contact a league official.

Sportsmanship: Unsportsman like conduct will NOT be tolerated from players, parents, coaches, officials, or spectators. Signing below you agree you and your child will act in a behavior that is appropriate to upholding our sportsmanship rule.

Medical Insurance Treatment: Release and consent to treatment. I give my consent for the above named child to participate in authorized activities of AGFL. I will assume all risk and hazards that are incidental to the conduct of such activities. I agree to release, absolve, indemnify, and hold harmless the league, its officers, managers, coaches, and authorized representatives. I also grant permission to authorize managing personal or the league representative to authorize and obtain medical care from a licensed physician, hospital, or medical clinic should the above named child become ill or injured while participating in league activities when neither parent nor non emergency contacts are available to grant authorization for treatment. **I understand that insurance provided by the AGFL provides secondary medical insurance coverage and becomes available after the Childs personal or group insurance has been utilized.**

Parent/Guardian Signature _____ Date: _____

Limitations and Allergies