



COLUMBIA GIRLS FAST PITCH SOFTBALL



Player Registration Form

First Name: _____ Last Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____

Team Played for Last Spring: _____ Position(s): _____

Current School: _____ Name/Age of Siblings that play in CGFP: _____

****Age Division: 6U 8U 10U 12U 14U****

Parent/Guardian Information

1st Parent/Guardian: _____

1st Contact #: _____ 2nd Contact #: _____

1st Parent/Guardian Email Address: _____

2nd Parent/Guardian Name: _____

1st Contact #: _____ 2nd Contact #: _____

2nd Parent/Guardian E-mail Address: _____

Interested in (check all that apply) Coaching Assistant Coach Sponsor

Emergency Contact Information

ER Contact (other than parent): _____ Relationship: _____

ER Contact Phone #: _____ Preferred Doctor & Phone: _____

Board Members Only

Registration Date: _____ Board Member Initials: _____

Amount Paid: _____ Cash: _____ or Check#: _____

****Must Fill Out Medical Release on the back****