



# Winterball 2017 Registration Form

Last Name \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 School \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Returning Player:  Yes  No

**Primary Contact (Relationship):** \_\_\_\_\_

**Secondary Contact (Relationship):** \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**Seasons Played:** \_\_\_\_\_ **Experience Level:**  1  2  3  4  5  Club or All Star's: \_\_\_\_\_

**Positions Played:**  Pitcher  Catcher  1<sup>st</sup>  2<sup>nd</sup>  Short Stop  3<sup>rd</sup>  Right Field  Center Field  Left Field

**Comments/Requests:** \_\_\_\_\_

I would like to manage a team.  Yes  No

### Emergency Information

Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Ins. Phone: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Does this participant have significant medical condition?

Yes  No Explain: \_\_\_\_\_

### Division Information

DIVISION (Please Choose 1)	AGE As of 12/31/2016
<input type="checkbox"/> 8 & Under	7 - 8 years old
<input type="checkbox"/> 10 & Under	9 - 10 years old
<input type="checkbox"/> 12 & Under	11 - 12 Yeas old
<input type="checkbox"/> 14 & Under	13 - 14 years old
<input type="checkbox"/> High School	15 - 18 years old

### Liability and Medical Release

TOGSA maintains limited secondary accident/medical insurance for participation. TOGSA recommends that participants maintain their own medical/accident insurance. I, the parent or legal guardian of the above participant, a minor, hereby authorizes the coaches, assistant coaches or parents of the team members acting in the capacity of activity supervisors/vehicle drivers, as my agents to consent to medical, surgical or dental examination and/or treatment. In case of emergency I hereby authorize treatment and or care at a hospital.

Signature of parent or guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Mail to:**  
**WINTERBALL**  
**THOUSAND OAKS GIRLS SOFTBALL ASSOCIATION**  
**PMB 249, 2060-D. AVENDIDA DE LOS ARBOLES**  
**THOUSAND OAKS, CA 91362**  
**WWW.TOGSA.ORG**