

**URBANDALE GIRLS RECREATION ASSOCIATION (UGRA)**

**REGISTRATION FORM**

**2017 Softball**

League VP: Carrie Johnson  
cajohn0618@gmail.com

(To be filled in by UGRA)

AMOUNT PAID:

\$ \_\_\_\_\_ Cash  
\$ \_\_\_\_\_ Check

Two or more: \_\_\_\_\_

UGRA Initial: \_\_\_\_\_

**REGISTER TO PLAY IN:**

Beginner League (Currently in Grade K and 1st) - Fee \$65, Registrations due April 30, 2016

Junior League (Currently in 2<sup>nd</sup> or 3rd Grade) – Fee \$80, Registrations due April 30, 2016

Intermediate League (Currently in 4<sup>th</sup> and 5th Grade) – Fee \$105, Registrations due March 26, 2016

Senior League (Currently in 6<sup>th</sup> and 7th Grade) – Fee \$105, Registrations due March 26, 2016

**PLAYER INFORMATION**

*Please Print*

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

CURRENT GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAMILY E-MAIL ADDRESS: \_\_\_\_\_

**SHIRT SIZE:** (Youth) S - M - L (Adult) S - M - L - XL

**For Intermediate, Junior & Senior Leagues please complete the highlighted questions below:**

**Does your daughter play on a Competitive Softball Team? \_\_\_yes \_\_\_no**

**Does your daughter have pitching experience? \_\_\_yes \_\_\_no Catching experience? \_\_\_yes \_\_\_no**

**Teams will be formed using a random draw. Girls who have competitive experience will be evenly split across the teams to the best of our ability.**

**PARENT INFORMATION**

*Please Print*

MOTHER NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FATHER NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

The purpose of this league is to have fun and develop players. While we want to be competitive, we also want to ensure that this is a good experience for the players. Coaches and fans are asked to demonstrate high levels of sportsmanship.

Please read and sign the waiver of liability agreement on the back of this form.  
Please note important medical history or special needs on the back of this form.

***Registration cannot be completed if back is not filled out!***

The UCSD neither endorses nor sponsors this organization or activity represented in this material.

***We need volunteers to help run this program.***

*Please check the areas below where you would be willing to help.*

\*\*Team Coach: Father: \_\_\_\_\_ Mother: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_ Email: \_\_\_\_\_

**(Only 2 coaches per team allowed in ALL LEAGUES-parents may continue to help)**

**\*Coach's Meeting prior to season.**

\*\*Assist Coach: Father: \_\_\_\_\_ Mother: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_ Email: \_\_\_\_\_

**\*Coach's Meeting prior to season.**

Maximum fee \$180.00 per family  
(Financial assistance available)  
Make Check Payable to: **UGRA**

Return Form to: **Carrie Johnson**  
**4430 104<sup>th</sup> Street #8**  
**Urbandale, IA 50322**

**PARENTAL CONSENT  
RELEASE AND WAIVER OF LIABILITY, AND  
ASSUMPTION OF RISK AGREEMENT**

As a parent/guardian of the player named below, I hereby give permission for her to participate in any and all of the Urbandale Girls Recreation Association (UGRA) Softball program activities, including transportation to and from the activities.

I know that participation in softball may result in serious injury, and protective practices do not prevent all injuries. I understand that neither the UGRA nor its volunteers have obtained insurance coverage or have sufficient assets to pay or reimburse me or the player named below for the cost of health care or other costs (including loss of future income) which may be incurred if she is injured or harmed.

I hereby waive any legal claim against and agree to hold harmless the UGRA, any organizer, any sponsor, any participant, and any and all persons associated with the softball program activities of the UGRA for any claim arising out of any injury suffered by the player named below, whether as a result of negligence or any other cause, by her participation in or transportation to and from said softball activities.

\_\_\_\_\_  
Printed Name of Player

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## MEDICAL HISTORY

Please use this space to advise the volunteer of important medical history or other special needs of this player

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