

**Gospel Chapel Softball - Player Registration Form
2016 Season**

Participant Information

Name: _____

Phone # (cell): _____

Phone # (work): _____

Phone # (home): _____

Email: _____

Age (if under 18): _____

List Any Allergies:

Church Regularly Attends: _____

Emergency Contact

Name: _____

Relation: _____

Phone #: _____

Phone # (other): _____

Practice / Game Availability (arrive by 5:45pm, season April- Aug) Indicate Y/N

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

I am interested in participating on the Gospel Chapel's softball team for the 2016 season. I have read and agree to abide by the rules of the Lehigh Valley Church Softball League. My signature below records my commitment to regular church attendance throughout the season. In addition, I agree to participate in practices, play in the position(s) assigned, and understand playing time might be shared.

Participant Signature: _____

Date: _____

Parent/Guardian Signature : _____

(If participant is under 18) Date: _____