



A program of Lanesborough and Williamstown Youth Softball

2016 GREYLOCK SOFTBALL LEAGUE

**Serving girls in grades 1-10 in the Mount Greylock Regional School District
Participant in the Northern Berkshire Softball League**

Registration Fee \$45.00 per player, \$65.00 per family (2 + children)

PARTICIPANT'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY & STATE _____

TELEPHONE: (Home) _____ (Cell) _____ (Cell) _____

PARENTS/GUARDIANS NAME (S): _____

Email (1): _____ Email (2): _____

GRADE (Circle One): 1 2 3 4 5 6 7 8 9 10

PLEASE LIST PERTINENT MEDICAL INFORMATION (if any) _____

Injury Release: In consideration of Williamstown and Lanesborough (Greylock Softball) or participation in the activities and programs of the Greylock Softball and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge I do hereby waive release and forever discharge the Greylock Softball League, Williamstown Elementary School, Lanesborough Elementary School, Mount Greylock Regional School District, Town of Williamstown, Town of Lanesborough, and their officers, directors, agents, employees, representatives, executors, and all others from any and all responsibility or liability for injuries or damages resulting from my or my child's participation in any activities or use of equipment or machinery in the above-mentioned facilities or arising out of their participation in any activities at said facilities. I do also hereby release and agree to indemnify all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to me or my child, including those caused by the negligent act or omission of any of those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the Greylock Softball League or the use of any of the equipment at the Greylock Softball. I agree to adhere to all policies set by the Greylock Softball League..

Medical Release: As a parent or guardian, I do hereby authorize the treatment by a qualified and licensed medical doctor of the previous minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger their life, or cause disfigurement, physical impairment, or undue discomfort if delayed. The authority is granted only after a reasonable effort has been made to reach me. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

***I have read and agree to the waiver and medical release statements above:** _____
signature

(Over)

Video/Audio Release: Indicate by circling one of the statements below whether you **consent to and authorize the use and reproduction of any and all photographs or video** footage taken of your child for Greylock Softball League purposes. I understand that I receive no reimbursement for allowing his photograph to be taken or for the use of the photo or video.

Please circle one:

I allow photographs or video of my child to be used

I DO NOT allow photographs or video of my child to be used

WE NEED YOUR HELP!!!

PLEASE CIRCLE ONE...OR MORE!

I will help get Lanesborough Elementary Field ready for season.

I will help get Laston Field ready for season.

I would like to coach a team.

I will help inventory all equipment at the beginning of season

I will sponsor a team this year.

I will help maintain LES field or Laston Field through softball season

I will help plan and organize the Softball Picnic Banquet at the end of the season

I will help coordinate Greylock Softball League Fundraising

PLEASE SIGN BELOW:

PARENT/GUARDIAN NAME: _____ DATE: _____

PARENT'S/GUARDIAN'S SIGNATURE: _____

****Checks payable to Greylock Softball League. Please mail this registration form and payment to c/o Post Office Box 493 Lanesborough, MA 01237. For more info go to www.Lanesborough-ma.gov.***

Assessment tryouts will be held on Wednesday, March 30th for 4th through 10th graders at Mt. Greylock Regional High School, 5:30pm to 7:30pm. Please bring your own glove, helmet and bat if you have one.

**DEADLINE FOR REGISTRATION IS
MARCH 30, 2016**

Any questions contact director: Rachel Rosier – rrosier@verizon.net or call 413-441-8325