

Fees  
\$175 (Reg)  
\$200 (Late)

Napa Valley Girls' Fastpitch Association  
1370 Trancas Street #258, Napa, CA 94558

Add Sibling  
\$160 (Reg)  
\$185 (Late)

**Permission to Play, Player Responsibilities and Medical Permission Form**

Name of Player: (Print) \_\_\_\_\_

Date of Birth: (mm/dd/yy) \_\_\_\_\_ Age: \_\_\_\_\_ Current School & Grade: \_\_\_\_\_

Address \_\_\_\_\_ Parent Phone: \_\_\_\_\_ Type: \_\_\_\_\_  
Street City Zip code C=Cell, H=Home

Email Address: \_\_\_\_\_ Player Cell: \_\_\_\_\_

New Player: **(Circle)** Yes No If returning, previous NVGFA Team Name: \_\_\_\_\_

Other Organization participation between April & August: \_\_\_\_\_

I give permission for my daughter, who is named within, to play softball in the Napa Valley Girls' Fastpitch Association (NVGFA) of Napa, California, for the current season. I agree to assume all risk and hazards incidental to such participation, including transportation to and from the activities; and I do hereby waive, release, absolve, indemnify and agree to hold harmless the local league and chartering organization, the organizers, sponsors, participants and persons transporting my child to and from activities; for any claim arising out of an injury to my child, whether the results of negligence or from any other cause, except to the extent and the amount covered by the accident and liability insurance. Pregnant players are required to have a medical release by their physician to play in NVGFA.

The association or its authorized representative has my permission to seek medical treatment at the following facilities:

\_\_\_\_\_ OR \_\_\_\_\_

In the case of an accident or emergency contact:

Parent/Guardian: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Other contact: \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_

Medical Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

**It is understood; the association insurance is a secondary insurance only**

I understand that each player is to be responsible for her assigned team uniform. It is to be returned to their team manager in good condition at the end of this current season. Failure to return the uniform will result in a charge to me, the parent/guardian, of \$75.00 and the player will not be able to play until the fee had been paid or the uniform returned.

I understand that the registration fee covers our obligation for working two Snack Bar shifts per player (\$50). I understand that I may choose to work the Snack Bar shifts and be reimbursed for \$25 for each shift worked.

Occasionally photos of NVGFA players are published in the Napa Valley Register or on the association's website. Photos are taken by a professional photographer hired by the association or photographer affiliated with the association. Please notify the association if this does not meet with your approval.

NVGFA primarily uses email as a means of communication with our players and parents. Email notices regarding association or team information will be sent to the email address(es) listed on your registration form. Your information will not be sold to or shared with anyone outside of the association. Please notify the association if this does not meet with your approval.

Please make a check or money order payable to the Napa Valley Girls' Fastpitch Association or NVGFA.

I have read and understood the above and I agree to the terms and conditions of this permissions and responsibilities form for the Napa Valley Girls Fastpitch Association.

\_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

**Player Signature (if 18 or older)**

**Parent/Guardian Signature**

**Refund requests are reviewed by the Board and if granted, will only be issued up to the first day of practice or May 1<sup>st</sup>, whichever is later.**

**ASSOCIATION USE ONLY**

Amount of Fee received: \_\_\_\_\_ Cash/Check: \_\_\_\_\_ Check# \_\_\_\_\_

Discount Code Applied: \_\_\_\_\_ Discount Amount: \_\_\_\_\_

Birth Certificate: (circle one) On File Copy Mailing/Faxing in

New player to: (circle one) Major Division Senior Division

Returning Player to: (circle one) Major Division Senior Division

Name of participating sister(s) \_\_\_\_\_

Do sisters request to play together? Yes \_\_\_\_\_ No \_\_\_\_\_