

2024 GIBSONBURG SOFTBALL REGISTRATION

**** Online Registration Available at Gibsonburgohio.org ****
**** Credit/Debit card payment offered online ****

PLAYERS NAME _____ BIRTHDATE _____

*A Player must play at least one year in their age-appropriate division before moving up
& be a resident or attend Gibsonburg Schools*

- | | |
|---|-----------------------|
| <input type="checkbox"/> Mini Mitts: ages 4-6 before 1/1/24 (Possibly some Travel) | Registration Fee \$35 |
| <input type="checkbox"/> 8U: ages 8 & under before 1/1/24 | Registration Fee \$50 |
| <input type="checkbox"/> 10U: ages 10 & under before 1/1/24 | Registration Fee \$60 |
| <input type="checkbox"/> 12U: ages 12 & under before 1/1/24 | Registration Fee \$60 |
| <input type="checkbox"/> 14U: ages 14 & under before 1/1/24 | Registration Fee \$60 |

Player's Shirt Size

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Youth X-Small | <input type="checkbox"/> Adult Small |
| <input type="checkbox"/> Youth Small | <input type="checkbox"/> Adult Medium |
| <input type="checkbox"/> Youth Medium | <input type="checkbox"/> Adult Large |
| <input type="checkbox"/> Youth Large | <input type="checkbox"/> Adult XL |
| | <input type="checkbox"/> Adult 2XL |

Player Number Choice: 1st _____ 2nd _____ 3rd _____

Contact Info

Parent/Guardian Name(s): _____

Address: _____

Cell #: _____ Email _____

Cell #: _____ Email _____

I am interested in:

- Coaching
- Assistant Coaching
- Sponsorship

PARTICIPANT WAIVER OF RESPONSIBILITY FORM

I, the undersigned, by participating in Softball, sponsored by The Village of Gibsonburg and Gibsonburg Recreation Advisory Committee, I understand and agree that such activity has certain inherent risks that can and do result in injury that can be serious, life limiting, and life threatening.

I, the undersigned, agree to release Gibsonburg Recreation Advisory Committee and the Village of Gibsonburg, its' elected officials, employees, or volunteers from all claims resulting from any and all injuries sustained while participating in Softball, except that arising out of the sole negligence of the Gibsonburg Recreation Advisory Committee or the Village of Gibsonburg, its' elected officials, employees or volunteers.

Name of Participant (**PRINT**): _____

Name of Parent/ Legal Guardian - (**PRINT**): _____

Signature of Parent/Legal Guardian: _____

Date Signed: _____

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Registration by mail must be postmarked with payment by February 29th 2024. Make checks payable to the **Village of Gibsonburg** and mail completed forms to:

Village of Gibsonburg
526 N. Webster St.
Gibsonburg, Ohio 43431

Additional forms will be available at the Elementary and Middle School offices as well as our website, **Gibsonburgohio.org**. Shirts will be available for sizing purposes at that time. Any questions should be directed to the league via email at: vog-recreation@gibsonburgohio.org

FORMS RECEIVED AFTER 2/29/2024 ARE NOT GUARANTEED A SPOT ON A TEAM AND WILL BE CHARGED A \$25 LATE FEE. ABSOLUTELY NO REFUNDS.

PAID BY CHECK # _____ CASH _____ MONEY ORDER _____