ANDOVER GIRLS SOFTBALL LEAGUE MANUAL REGISTRATION FORM
AGSL SPRING IN-TOWN SOFTBALL SEASON 2022

http://www.andoversoftball.org

Player Last Name	First Name	Birthday M/D/Y	Age	School and Grade
_____	_____	_____	___	_____

If your child has any medical condition/medication that AGSL should be aware of, please describe on back of form.

Spring In-Town	Grade	Fee
Seniors	7th/8th	$185.00
Majors	5th/6th	$185.00
Juniors	3rd/4th	$185.00
Minors	1st/2nd	$135.00
Teeball	K/pre	$85.00

Street Address: _____ City: _____ State: ____ ZIP: _____

Home Phone: _____ Business: _____ Cell: _____

Email: _____ Secondary Email: _____

Health Plan Name: _____ Insurance ID#: _____

MEDICAL WAIVER I (We) certify that child/children I (we) are registering have no physical limitations. I hereby authorize the coaches and/or officials of the Andover Girls Softball League (AGSL), in the event of injury to my child, to use their judgment in providing medical attention and/or doctor's treatment. INDEMNITY AND WAIVER I (We), the undersigned parent and/or guardian, for us and the child/children I (we) register, do hereby agree to indemnify and hold harmless the Andover Girls Softball League (AGSL), its agents, directors or employees, for any claims of liability and damages to parent or child for any injuries sustained by any participant while enrolled in the Andover Girls Softball League (AGSL) program. I (We), agree to be financially responsible to Andover Girls Softball League (AGSL) for payment of team fees assessed to the child. I (We), will provide our child with regulation softball equipment.

Parent/Guardian: Print Name: _____

Signature: _____

Date: _____

If mailing this registration send to:
Andover Girls Softball League
P.O. Box 344
Andover, MA 01810