

2023 East Gwillimbury Amateur Ladies Softball REGISTRATION FORM

EGALS: Celebrating 38 years in E.G.

Please complete the following and submit with your registration fee (\$225). This fee will hold your spot for the 2023 season.

Name _____

Address _____

Town _____ Phone Number _____

Email Address _____

SHIRT SIZE ____S ____M ____L ____XL ____XXL ____XXXL

Have you played softball (fast pitch) before? Yes ____ No ____ How did you find out about E.G.A.L.S.? _____

How many years experience do you have playing softball? _____ How many years have you played in this league? _____

Using the grade scale, please rate yourself as a player (A=very good E=beginner) A B C D E

Will you be available to play in September? Yes No

What position would you like to play this year?

1st Choice _____ 2nd Choice _____

Have you caught? Yes No Would you catch? Yes No

Have you pitched? Yes No Would you pitch? Yes No

If yes to pitch, what is the highest level you have pitched at? _____ When was this? _____

Do you anticipate missing more than 4 weeks during the regular season, due to other commitments?
NO YES

If YES, please provide approximately how many games you anticipate missing: _____

Do you have a pre-diagnosed injury that would affect your ability to play baseball this season (running, batting, throwing, fielding)
NO YES

If YES, please provide us with details as it may affect your placement:

Team selection will not be pre-arranged. However, you may request up to 3 players you would like to play with this season:

Player #1 _____ Player #2 _____ Player #3 _____

I am eighteen (18) years or older and I hereby give my consent to play softball under the auspices of East Gwillimbury Amateur Ladies Softball (E.G.A.L.S.) and abide by the rules of the league. I understand that no refund will be granted to me without a medical certificate after the first game of the season. I also understand that the league shirt given to me at the beginning of the season is on loan and only mine to keep after the final game has been played. Should I leave the league for any reason before the end of the season, I will return my shirt to the league.

Date _____ Name (print) _____ Signature _____

If mailing, please send this form and cheque (\$225 payable to EGALS) to: EGALS, C/O Sandra Michaud, 117 Glendower Cres., Keswick, ON L4P 0A2
(Please e-mail egals_softball@yahoo.ca after you mail your form and we will notify you once we receive it.)
We also accept EMTs at the above email address. Please put your name in the description if email address does not identify you.

Office use only: Method of Payment: _____ Received by: _____