

**2024 East Gwillimbury Amateur Ladies Softball REGISTRATION FORM**

EGALS: Celebrating 39 years in E.G.

**Please complete the following and submit with your registration fee (\$225). This fee will hold your spot for the 2024 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?

1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> 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](mailto: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: \_\_\_\_\_