

# Knoxville Girls Softball Association Registration Form

Board Members: Troy Strode, Randy Hilgenberg, Kelli Nelson, Mark Brown, Abby Putnam

The purpose of the Knoxville Girls Softball Association (KGSA) is to promote growth, leadership, and character to the youth of Knoxville, IL through recreational girls softball. These efforts will provide for fellowship, physical fitness, good sportsmanship, training, and sponsorship of girls softball. The philosophy of the KGSA includes voluntary activities to build character in the area youth through softball activities. Through this philosophy, the KGSA shall attempt to ensure that each player has the opportunity to build self-confidence both physically and emotionally by participating in a team activity. A key component to accomplishing this goal is through demonstrations of good character by our adult volunteers.

The only qualifications are that you live within the boundaries of the Knoxville School District #202 and be of the following age groups as of **January 1, 2021**.

- 8u league: 8 or 7 years old
- 10u league: 10 or 9 years old
- 12u league: 12 or 11 years old
- 14u league: 14 or 13 years old

The registration fee covers the cost of insurance, uniforms, equipment, maintenance, umpires, scorekeepers, concession workers, and any other misc expense incurred. The registration fees for the following leagues are listed below.

- 8u league: \$75.00
- 10u league: \$85.00
- 12u league: \$95.00
- 14u league: \$105.00

**Registration will be Saturday, March 13th from 1-3pm** in the Knoxville High School Commons. Please wear masks and social distance while at registration.

You can also mail the completed application by Friday, March 26th to the KGSA address listed below. A late fee may be assessed for applications received after the deadline. Registration fee will not be refundable after completion of the 2nd week of play/practice.

KGSA  
809 East Main Street  
Knoxville, IL 61448

Paid \_\_\_\_\_  
Check \_\_\_\_\_

## KGSA Registration Form

Registration Date: March 13th or mail by March 26th

Players Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

1st Phone \_\_\_\_\_ 2nd Phone \_\_\_\_\_

Played before \_\_\_\_\_ If yes, what positions \_\_\_\_\_

School Attended \_\_\_\_\_

Any Health Conditions or Additional Information \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Willing to play up on next age level if needed \_\_\_\_\_ Yes \_\_\_\_\_ No

Circle League: 8u 10u 12u 14u

T-Shirt Size:

Youth: small medium large

Adult: x-small small medium large x-large xx-large

Parents interested in coaching please give us your name and phone number. You can and will make a difference. You will be required to pass the ASA ACE coaching certification (this includes a background check) cost will be approximately \$25 to \$35. KGSA will refund the cost to coach upon successful completion.

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Knoxville Girls Softball Association  
Parental Waiver and Consent Form**

As the parent or legal guardian of \_\_\_\_\_, I hereby give my full consent and approval for my child to participate as a team member in the Knoxville Girls Softball Association softball leagues.

I understand that there are certain risks of injury inherent in the practice and play of these sports, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the organization names above, it's officers, coaches and sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

PLEASE LIST ANY PHYSICAL LIMITATIONS (allergies, hearing, sight, etc.)

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\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date