

# 2018 TAGS Registration



To register for the 2018 TAGS season, fill out both sides of this form and return it to: T.A.G.S., P.O. Box 672, Traverse City, MI 49685-0672. You may also register online at [www.tagsoftball.com](http://www.tagsoftball.com). **Registration ends April 1.** Contact Tony Jenkins at [tony.jenkins@charter.net](mailto:tony.jenkins@charter.net) or (231)944-8487 with registration questions.

## Payment Information

Please make checks payable to TAGS. **Registration fees are non-refundable.**

Forms postmarked on or *before* March 15:

- \$60 for single player in family
- \$90 per family

Forms postmarked *after* March 15:

- \$80 for single player in family
- \$110 per family

Please indicate how you will/have paid for the TAGS season:

- I have included a check with this form.
- I paid online using a credit card.
- I am requesting financial assistance.

## Age/Division Breakdown

Ages listed are the age of girls as of August 1, 2018.

“A” League: 13-15 years old

“B” League: 11-12 years old

“C” League: 9-10 years old

“D” League: 6-8 years old

## Player Information

Player Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Player’s School: \_\_\_\_\_

Please check all that apply and fill in the appropriate blanks:

- Played TAGS in 2017. League: \_\_\_\_\_ Team: \_\_\_\_\_
- \*Requesting to move up a division in 2018 due to skill level (above the age appropriate league)
- Remain in same league, but return to the draft for placement on another team.
- \*\*“D” League Buddy Request: \_\_\_\_\_

*\*Any player may request to move up to the next division depending on her skill level; please make that notation on the form. However, placement of players on teams is left to the sole discretion of the Board of Directors.*

*\*\* A buddy request may be honored when possible in **“D” League only.***

**Playing Experience** (Check all that apply):

- Pitching experience Pre-High School
- High School Pitching Experience

- Catching Experience Pre-High School
- High School Catching Experience

**Please complete and sign the reverse side. Incomplete forms will be returned.**

**Volunteers Needed**

TAGS is a volunteer organization, and we need your help. Please consider helping in one of the areas listed below.

- |                                       |                                      |  |
|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Head Coach  | <input type="checkbox"/> Assistant Coach |
| <input type="checkbox"/> Sponsor      | <input type="checkbox"/> Fundraising |  |

**Waiver to TAGS and Commitment of Participation**

I understand that the program listed on the reverse side for which I have enrolled may be hazardous and that injuries may occur in the normal course of participation or instruction and I assume all risks and hazards incidental to me or my child's participation including transportation to and from activities. In consideration of acceptance as a participant in the Traverse Area Girls' Softball (TAGS) program, I hereby waive all claims against TAGS, its organizers, sponsors, supervisors and other participants, from all claims for injuries suffered by me or my child incidental to, connected with, or arising out of the recreational activity for which I am or my child is enrolled, including injuries suffered as a result of negligence by TAGS, its organizers, sponsors, supervisors and other participants but not including injuries suffered as a result of willful or intentional misconduct or gross negligence.

I do hereby waive, release, absolve, indemnify and agree to hold harmless TAGS, its officers and Board of Directors, members, organizers, sponsors, coaches, supervisors participants and persons transporting my child to or from activities, from and against any claims out of injury or harm to my child incidental to, connected with or arising out of TAGS activities.

- I understand and acknowledge that my insurance is the primary medical or health insurance coverage.
- I agree to return in good condition any and all equipment issued, and agree to be responsible for same except for normal wear and tear.
- I understand that placement of players on teams is left to the sole discretion of the Board of Directors.
- I understand TAGS has the full discretion to determine the make-up of all softball teams based on year of birth.
- I attest to a commitment to attend practices and games in the spirit of a "team" sport.
- I have read the concussion awareness information found at <https://www.cdc.gov/headsup/youthsports/parents.html> and understand risks associated with participation in softball.

X \_\_\_\_\_ 2018  
*Parent/guardian signature month/day*

X \_\_\_\_\_ 2018  
*Player signature month/day*

**Important Dates**

- |  |                                      |
|--|--------------------------------------|
| • <b>March 15:</b> Last day for early registration | • <b>May 29:</b> Season Begins       |
| • <b>April 1:</b> Registration Ends                | • <b>July 11:</b> Championship Games |
| • <b>April 30:</b> Practices Begin                 |                                      |

**Contact Information**

Bill Gaylord, <i>President:</i> 384-0108	Stephanie Wagner, <i>Vice-President:</i> 360-0412
Brian Dykstra, <i>Treasurer:</i> 649-7017	Tony Jenkins, <i>Registration:</i> 944-8487