Be part of IGSA's first FALL League!

IGSA GOALS: To develop softball skills, coordination and agility, and to promote good sportsmanship, cooperation and fun.

IGSA's Fall League will consist of 4 weeks of Double-Headers.
Double-Headers will be every Saturday from September 10th to October 1st.

What are the Divisions?

Coach/Machine Pitch . . . . . Ages 7-8
Division I . . . . . 10 and Under
Division II . . . . . 12 and Under
Division III . . . . . 14 and Under

Division Representatives

Jim Rupert 795-3327
Sarah Bruntmyer . . . 518-8184
Belinda Stevenson . . 682-7368
Kip Jones 876-1617

NOTE: IGSA cannot guarantee that all games scheduled will be played. Weather and field availability often make it impossible to reschedule. However, please know that we will try our best to reschedule all games. (Rainouts will be added to the end of the season as weather allows.)

DIVISION DETERMINED BY AGE AS OF 1/1/2012

FALL 2011 REGISTRATION FORM

All Fall Ball games will be played at the Independence Athletic Complex on Salisbury Road

Name _____

Address _____

City _____ Zip Code _____

Age as of 1-1-2012 _____ Birthday ___/___/___ Phone_____

Parent's Name _____ Cell _____

School _____ E-mail _____

PLEASE NOTE: If your daughter's team is not playing Fall ball and she still wants to play, we will place her on a team that needs players. If you have a request, you are welcome to ask, but there is no guarantee she will be on that team.

T-Shirt Size
(Please check one)

Child Sizes	Adult Sizes
☐ Small (6-8)	☐ Small
☐ Med. (10-12)	☐ Medium
☐ Large (14-16)	☐ Large
	☐ X-Large

Orders are final!

- Please make check payable to: **Independence Girls Softball**
- **Mail to:** IGSA, 16113 E. 31st, Indep., MO 64055
- **Registration must be received by Friday, August 19, 2011**
  A $10 Late Fee will apply if received after August 19th and registration will only be accepted if space is available.

$40 Per player

~ Includes T-shirt ~

★ ★ ★ WAIVER - MUST BE SIGNED ★ ★ ★

As the parent(s) of the above-named person(s) I/we realize that ACCIDENTAL INJURIES can occur during practices or in games. Acknowledging this, I/we agree to relieve the IGSA, the City of Independence, MO, Jackson County, team sponsors, managers, coaches, umpires, or any other persons or agencies cooperating with the league of any liability in the event of accident or injury. **NOTE:** IF YOU WRITE A BAD CHECK TO IGSA THAT WE CANNOT COLLECT, WE WILL BE FORCED TO TURN YOUR RETURNED CHECK OVER TO JACKSON COUNTY PROSECUTOR FOR COLLECTION.

PARENT OR LEGAL GUARDIAN SIGNATURE: X_____ _____
DATE

FOR OFFICE USE ONLY ➡ **DATE:** _____ **AMT. RECEIVED: $**_____ **CHECK #:** _____