



2019 REGISTRATION FORM

The Camp Hill Girls Softball League (**CHGSL**) will be holding Registration for the 2019 season at the Camp Hill Borough Building (2145 Walnut St.) on the following dates:

Saturday, January 12, 2019	9:30 a.m. – 11:30 a.m.
Wednesday, January 16, 2019	6:30 p.m. – 8:30 p.m.
Saturday, January 26, 2019	1:00 p.m. – 3:00 p.m.

DIVISION	AGES	FEES
Instructional	*4 to 7	\$75
8U	7 & 8	\$80
10U	9 & 10	\$85
12U	11 & 12	\$85
14U	13 & 14	\$85
19U	15-19	See Note =>

*Division is determined by player's age as of January 1, 2019 and by performance at Talent Evaluations. *Must be age 4 by 8/31/2018.*

REGISTRATION INFORMATION
The regular registration period will end on February 9 th . Registrations received after February 9 th will be charged a \$25 LATE FEE. Any registration received after March 2 nd will require board approval.
The West Shore Minors League defines territories for each organization by the school district – only CH residents accepted 8U & up.
All families are required to volunteer in some capacity. Volunteer opportunities are listed on the back of this form and on our website.
19U division - opportunity offered by the W.S. Minors to play alongside girls from neighboring communities. CHGSoftball@gmail.com for info.

INTERESTED IN ...	
Head Coaching	YES <input type="checkbox"/> NO <input type="checkbox"/>
Assistant Coaching	YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>Volunteer clearances are required by law. Coach's USA Softball Insurance, jersey & hat also provided.</i>	

IMPORTANT DATES		
Saturday, Feb. 9 th	Talent Evaluations	Hoover Gym
Thursday, March 11 th	Community Night (7:00pm)	Camp Hill Borough Hall
Friday, April 5 th	Senators Night	FNB Park
Saturday, April 27 th	Opening Day	Fiala Field
Sunday, June 2 nd	End of Season Celebration	Hoover Field

Please complete all forms: Medical Authorization Form, Code of Conduct Form, Player Availability & Conflicts Form

PLEASE PRINT CLEARLY

Player's Name:		Date of Birth:	Age on 1/1/2019:	
Grade:	School:	School District:		
Address:		City/Zip:		
Parent's Name(s):		Home Phone #:		
Email Address:		Cell Phone #:		
Email Address 2:		Cell Phone 2#:		
Special Requests:		2018 Spring Team/Coach:		
Player Uniform Jersey Size:	YOUTH: SM MED LG		ADULT: SM MED LG XL XXL	
	<i>Registration Fee includes Uniform jersey. Extra uniform jerseys are available for \$25.00 each. ALL PLAYERS SHOULD VERIFY UNIFORM SIZE BY TRYING ON THE JERSEY AT REGISTRATION. IF THE FAMILY CHOOSES THE WRONG SIZE, THE LEAGUE IS NOT RESPONSIBLE FOR THE COST TO REPLACE THE UNIFORM.</i>			

MAKE ALL CHECKS PAYABLE TO: C H G S L

TOTAL DUE = _____

If you're unable to attend registration in person, mail or drop off your Registration form, Medical Authorization form, Code of Conduct form and check or cash to:	CHGSL (C/O JUDD DAYTON) 25 N 20TH ST CAMP HILL, PA 17011
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DO NOT WRITE BELOW - FOR USE BY CHGSL							
PAID BY CASH/CC/CHK # _____		DIVISION: INS 8U 10U 12U 14U			2019 TEAM:		
PLAYER ID #:	EX	OTLK	CNFLT	ER	CODE	UNIFORM #:	

Visit us online
WWW.CHGSL.ORG

For more information, send E-mail to
CHGSOFTBALL@GMAIL.COM

Volunteer Opportunities for Camp Hill Girls Softball League (CHGSL)

In order to provide the best possible experience for our players and their families, the CHGSL asks that each family volunteer for at least one position/event.

Below is a list of possible roles that you can fill during the year.

Please check at least one that you would be able to fill.

Volunteer Role/Position		Volunteer Role/Position	
Head Coach circle level: Inst, U8, U10, U12, U14	<input type="radio"/>	Equipment Maintenance Committee	<input type="radio"/>
Assistant Coach circle level: Inst, U8, U10, U12, U14	<input type="radio"/>	Field Management Committee	<input type="radio"/>
Team Parent circle level: Inst, U8, U10, U12, U14	<input type="radio"/>	Fund Raising Committee	<input type="radio"/>
Opening Day Planning Committee	<input type="radio"/>	Community Night Organizing Committee	<input type="radio"/>
Opening Day Year Book Committee	<input type="radio"/>	Skills Clinic Committee	<input type="radio"/>
Opening Day Concessions	<input type="radio"/>	Other (Specify: _____)	<input type="radio"/>

*If you have any questions about any of the opportunities listed above, contact Stephanie Johnson, CHGSL volunteer coordinator at organizedcooking@yahoo.com

POSITION DESCRIPTIONS:

Head Coach – Responsible for organizing and leading practices, communicating with team and parents, scheduling games, developing game plans, and managing team equipment.

Assistant Coach – Work closely with the head coach in terms of planning and leading practices, coaching during games, and filling in for the head coach when he/she is unavailable.

Team Parent – Keeping the team organized, passing out forms from the league, photos, and helping the coach out periodically with team management needs.

Opening Day Planning Committee – Timeframe between now and opening day on 4/27/2019.

Yearbook/Booklet Committee -- Timeframe between now and Opening Day on 4/27/2019.

Opening Day Concessions – Work the concession stand on Opening Day (4/27/2019) for a specific time frame that you can sign up for in early April. We schedule you so that you are not working when your daughter is playing.

Equipment Management Committee – Work with the existing Equipment Manager to maintain and inventory equipment as well as coordinate equipment for the various teams throughout the league.

Field Managers – Take responsibility for a particular field, keeping an eye on the field during the season and working with the coaches who are using that particular field to make sure that field is being maintained.

Fund Raising Committee Members – Work with the existing Director of Fund Raising to locate team sponsors and field sponsors, sell ads for the Opening Day Yearbook, and organize special fundraiser events over the course of the season.

Community Night Planning Committee – Help to make this event fun with a festive atmosphere. This is the night when the players meet their coaches for the first time and is scheduled for 3/11/2019.

Skills Clinic Committee – Work with the Board to organize skills clinics for the girls and coaches throughout the year.



EMERGENCY MEDICAL INFORMATION AND TREATMENT RELEASE

Player Name _____ Birthdate _____

Address _____

Home Phone _____ Parent(s) Work Phone(s) _____

Cell Phone #1 _____ Cell Phone #2 _____

Insurance Company _____ Policy Number _____

Group Number _____

In case of an emergency and a parent cannot be contacted, please contact:

Name _____ Phone Number _____

Does your child wear glasses: _____ or Contacts lenses: _____

Does your child have allergies? If yes, list the allergies and treatment.

Does your child have asthma? If yes, list symptoms and treatment.

Is your child on any medication? If yes, list medication and dosage.

Are there any other medical conditions or previous injuries that the coach should be aware of? If your daughter previously had a concussion, please list the date.

Orthodontist Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Doctor Name: _____ Phone: _____

In the event of an injury, I authorize my child's coach to arrange any necessary treatment.

Parent's Signature: _____ Date: _____

Player ID# _____

Visit us online

WWW.CHGSL.ORG

For more information, send E-mail to

CHGSOFTBALL@GMAIL.COM

CHGSL CODE OF CONDUCT

The purpose of this form is to assist our coaches in carrying out the mission of our league which is to teach the fundamentals of softball, good sportsmanship, promote character development and to have fun.

PARENT CODE OF CONDUCT AGREEMENT

1. I will do my best to get my daughter to practices and games regularly and on time.
2. I will provide support for coaches working with my daughter promoting a positive experience.
3. I will insist that my daughter treat other players, coaches, officials, and fans with respect.
4. If I have a concern, I will not confront the coach but instead will express it to the coach in a straightforward manner at an agreed upon time and place.
5. I will place the well being of my daughter ahead of my desire to win.
6. I understand the value of practicing good sportsmanship at all times and will foster such behavior in my daughter by:
 - Applauding good performances and efforts from all individuals and teams
 - Promoting positive treatment of all players regardless of ability
 - Reinforcing the measurement of success through skill development
 - Congratulating all participants on their performance regardless of the game's outcome
 - Condemning the use of violence/obscenity in any form, whether it is by spectators, coaches, umpires or players
 - Presenting a positive role model for my daughter by representing our community in a favorable manner
 - Refraining from being under the influence of alcohol at games and practices, or consuming alcohol during games or practices.

PLAYER CODE OF CONDUCT AGREEMENT

1. I will make every effort to attend practice and scheduled games.
2. I will participate in all drills, skill development, and activities to the best of my ability during practices, knowing that my coaches will consider my efforts during practice when deciding who will play in each game.
3. I will follow & respect my coaches' instructions, rules, and regulations during practices and games.
4. I will exhibit good sportsmanship at all times:
 - Demonstrating positive support for all teammates, coaches, officials, and opponents
 - Showing appreciation for an outstanding play by either team
 - Accepting the decisions of officials without complaining
 - Refraining from booing, taunting, refusing to shake hands, or using profane language.
5. While not in the game, I will be on the bench supporting my team.
6. I will be a team player and give 100% at all times.
7. I will acknowledge that sometimes, learning is more important than winning.
8. And most importantly, I will have fun!!!

PLEASE CUT ON LINE ABOVE & RETURN TO YOUR COACH

PRINT PARENT'S OR GUARDIAN'S NAME

PARENT'S OR GUARDIAN'S SIGNATURE

DATE

PRINT PLAYER'S NAME

PLAYER'S SIGNATURE

DATE

PLAYER ID #: _____

Camp Hill Girls Softball - Practice and Game Schedule Conflicts

Player's Name: _____ Player ID#: _____

Player's Age: _____ Player's Division: _____

The purpose of this form is to help coaches decide when to schedule practices and games for your daughter's team. Please put an "X" in the boxes below if your daughter is **not** available for the listed time slot.

Time	Monday	Tuesday	Wednesday	Thursday	Friday
5:00 – 5:30					
5:30 – 6:00					
6:00 – 6:30					
6:30 – 7:00					
7:00 – 7:30					
7:30 – 8:00					

Saturday Conflicts: _____