



2025 Spring Player Application

Mail To: PO Box 12 – Franklin, NH - 03235

You may also register online: www.FranklinGirlsSoftballNH.com

(Season will run Mid April-Mid June)

**** APPLICATION DUE DATE: NO LATER THAN 3/15/2025 ****

Make Checks Payable to: Franklin Girls Softball of NH

Name: _____ DOB (m/d/y): _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Position(s) Played: _____ Returning Player: Y N Jersey #1: _____ #2: _____

Shirt Size: (circle one)	Youth:	Adult:
	YXS YS YM YL	XS S M L XL XXL

Primary Parent/Guardian	Secondary Parent/Guardian
Name: _____	Name: _____
Relation: _____	Relation: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

Emergency Info:	In the event of an emergency, please contact: (leave blank if contact is parent/guardian)		
Contact Name: _____	Relationship to Player: _____		
Phone Number: _____	Alternate Phone Number: _____		
Allergies: _____	Up to Date on Tetanus: (circle one)	YES	NO
Medication: _____			

Photography Release
The league currently has a website and Facebook page that photos are occasionally posted on. These photos may be used for public relations and league advertising. Accordingly, we request your permission to photograph your child.
<input type="checkbox"/> YES, I give permission <input type="checkbox"/> NO, I do not give permission

In consideration for participation in any Franklin Girls Softball Program, I shall RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE Franklin Girls Softball, their agents, and volunteers from all liability for any and all loss or damage, and claim or demands therefore on account of injury to the person or property or resulting in death of the named participant, whether caused by the negligence of the Franklin Girls Softball, their agents, or volunteers and whether or not such liability is sole, joint or several.

I am aware that participation in the Franklin Girls Softball program may present a strain on my child's body, or its parts and therefore I represent to the Franklin Girls Softball program that to the best of my knowledge he/she is in proper physical condition to assume risk of participating.

I give permission for the child participant to be treated by qualified medical personnel, and further agree to assume full financial responsibility for such action being taken on my child's behalf.

I have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

 Parent/Guardian Printed Name Parent/Guardian Signature Date



REGISTRATION FEES		ADDITIONAL INFORMATION	BOARD USE ONLY	
Level	Cost		Received:	Pay Type
8U/10U/12U/14U	\$50	Additional Fee of \$20 will be assessed when you register with USA Softball for insurance. You will receive an email from the league once your application has been received with instructions on how to register with USA Softball.		
6U	\$30			
Level based on age as of 8/31/24				



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2025 Fall Ball Player/Parent Code of Conduct

All players, parents/guardians and guests of players will follow the guidelines set below by the Franklin Girls Softball Board of Directors. Please read and sign below.

- **I will refrain from unsportsmanlike behavior at all league sanctioned events.** Such behavior included, but is not limited to, is profanity, inappropriate gestures, verbal threats or throwing equipment.
- **I will show respect toward umpires and their decisions.** I understand that all decisions made by an umpire shall be accepted as final and that only coaches may speak with the umpires regarding a decision that has been made.
- I will accept the coaches' decision regarding playing positions, batting order and amount of time played. I understand that there are no guarantees for equal playing time although coaches will do their best to play everyone at each game.
- I commit to attending all games and practices scheduled and if a schedule conflict arises, I will notify the coach as soon as it has been identified. I understand that failure to attend practices may result in loss of playing time in games.
- I commit to arriving to all games and practices on time and when told to be there.
- I understand that the coach may impose additional rules, with the approval of the league, that we are required to follow.
- I understand that jersey's will be tucked in at all games.
- I understand that no jewelry will be worn at any game or practice.
- I understand that shorts are not allowed at any game or practice.
- I understand that no food will be allowed at any game or practice unless approved by the coach.
- I understand that all electronic devices, toys, etc. are not allowed in the dugout or on the field.
- I understand that the only beverages allowed at any game or practice will be water or sports drinks. There will be no soda, coffee, etc.
- I understand that no player shall leave the dugout/designated team area without permission from a coach.
- I understand that no one shall enter the dugout/designated team area or field without permission from a coach.
- If I have an issue with a coach, I will not approach the coach at the field. I will schedule a time to meet or talk with them at a later time. In an escalated situation I understand that I will contact the leagues President to discuss the situation. If said Coach Agent is a conflict of interest, I will contact another member of the board of directors.

Franklin Girls Softball reserves the right to release any player from the league for failure to follow the above Code of Conduct. They also reserve the right to release any player from the league for failure of the players' family or friends to adhere to the Code of Conduct. Severity of the issue may result in season release or permanent release.

By signing below, I agree to adhere to the above Code of Conduct. I understand that if I have any questions they will be answered by a coach or a member of the Franklin Girls Softball Board of Directors. I also understand that I will be held accountable for my actions.

Player Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____