

**SUN CITY GRAND SOFTBALL CLUB NEW MEMBER REGISTRATION**

**Renewing members do NOT use this form.** Instructions will be sent to you each year.

**DUES ARE PAYABLE BY APRIL 15<sup>TH</sup>. DELINQUENT AFTER APRIL 30<sup>TH</sup>.**

Annual dues are \$50.00 and cover all sessions from May 1 to April 15th. Once a member has been assigned to a team or sub list, dues are non-refundable. A "grace" period for final dues payment is April 16 to April 30.

**Non-Players:** Are members actively involved in field duties but not playing. They are Managers, Assistant Managers, Umpires & Field Maintenance. The Fee for Non-Players is \$15.00 with no late fees.

**Associates:** These are members who are volunteers, or just want to stay in communication, with the club are no longer charged any dues.

- **Winter leagues** (Red/White/Blue) have 2 Sessions: November-January & February-April
- **Saturday league** has four - 10-week Sessions from May through April the following year.
- **Spring/Summer league** has 2 Sessions: May thru June and July thru September
- Visit the Softball Club website – [www.scgsoftball.org](http://www.scgsoftball.org)
- Make checks payable to: **Sun City Grand Softball Club.**
- Mail to: **SCG Activities Office, Attn: Softball Club 19753 N Remington Dr Surprise, AZ 85374 (New Players only)**

**THE FOLLOWING INFORMATION IS MANDATORY:**

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Text Y / N

E-Mail \_\_\_\_\_

**Association (CAM) #:** \_\_\_\_\_ - \_\_\_\_\_ **Birth Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone #** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

As a member of the Sun City Grand Softball Club:

- Before purchasing any bats, I will check with the Board or Bat Committee.
- If there are any doubts as to your physical abilities you are advised to obtain medical advice. It is understood that activities associated with the Club involves an element of risk and potential accidents, and knowing those risks, I hereby assume those risks.
- I understand that my play will be rated by the Club's Rating Committee. My rating will determine the league in which I am placed.
- I also agree to familiarize myself with the rules of the SCG Softball Club and abide by those rules in addition to the SCG Member Code of Conduct.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

<p><b><u>Office Use Only:</u></b> Check#: _____ Amount: _____ Cash: _____</p> <p>User ID _____ Player ID # _____ CAM Card Verified/Date: _____</p> <p style="text-align: right;">Rev 11/17/19</p>
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