

# C.M.G.F.L. 2024 Fall Ball Team Roster - Due August 16th, 2024

**TO: P.O. Box 380176, Clinton Township, MI 48038-0061**

- ~ You can roster a maximum of 15 players.
- ~ Team Fees are as follows:
  - All divisions except 8&U - \$ 775 per team, plus umpire fees. Umpire fees will be paid by each team for each home game (6 \* \$ 50 = \$ 300)
  - Coach Pitch (8&U) - \$ 550 per team.
- ~ Team fees include shirts, socks, game balls, diamond usage and player insurance.
  - If you do not want to purchase uniforms, the team fee is \$ 625 for 10U and older, \$ 400 for 8U
- ~ If a player did not participate in our Spring/Summer season, they must fill out a 2024 Fall Ball registration form in addition to this roster.
- ~ Managers please make one check payable to CMGFL.
- ~ 12 game (10 game guarantee) season. Sunday morning and afternoon doubleheaders beginning September 8th, 2024
- ~ The league will try to accommodate for soccer and other sports as much as possible.
- ~ Division age limits are determined by age as of January 1st, 2024.

**Please circle age division:**

<b>Coach Pitch (8&amp;U)</b>	<b>35' Division (10&amp;U)</b>	
<b>40' Division (13&amp;U)</b>	<b>43' Division (14&amp;U)</b>	<b>(14U teams may have to play in 18U, if not enough teams sign up)</b>
<b>43' Division (18&amp;U)</b>		

**Are you ordering uniforms? (Y/N)** \_\_\_\_\_

Manager's Name (Please Print): \_\_\_\_\_ Team Name: \_\_\_\_\_

Manager's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

	<b>Player Name (Please Print)</b>	<b>Parent Signature (* See Note Below)</b>	<b>Phone Number</b>	<b>Shirt Size (YS-AXXL)</b>
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____
6)	_____	_____	_____	_____
7)	_____	_____	_____	_____
8)	_____	_____	_____	_____
9)	_____	_____	_____	_____
10)	_____	_____	_____	_____
11)	_____	_____	_____	_____
12)	_____	_____	_____	_____
13)	_____	_____	_____	_____
14)	_____	_____	_____	_____
15)	_____	_____	_____	_____

\* I, the parent of the above named participant/player with the Clinton Valley Girls' Softball League, doing business as Clinton-Macomb Girls' Fastpitch League, hereby give my approval to her participation in any and all softball activities during the fall season. I assume all risk and hazards incidental to such participation, including transportation risks to and from activities, and I hereby waive, release, absolve, indemnify and agree to hold harmless the Clinton Valley Girls' Softball League, DBA Clinton-Macomb Girls' Fastpitch League, the organization, officers and it's members, sponsors, supervisors, participants and persons transporting my daughter to and from activities, for any claims arising out of an injury to my daughter. I also agree to hold harmless the Chippewa Valley Schools, the Utica Schools, the Macomb Township Parks & Recreation and the Clinton Township Parks & Recreation liable for any claims out of an injury to my daughter while participating in any and all softball activities during the fall season.

**Managers, please return form & payment by Tuesday, August 16th, 2024.**

Received by: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \_\_\_\_\_

Send to: **CMGFL**  
 PO Box 380176  
 Clinton Township, MI 48038-0061