

# SOFTBALL REGISTRATION FORM

Player's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone \_\_\_\_\_ Age as of January 1, 2011 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Email \_\_\_\_\_

Text phone # \_\_\_\_\_ One Call phone # \_\_\_\_\_  Mobile  Home  Work

Played last year?  Yes  No If yes, Coach: \_\_\_\_\_ Team Name: \_\_\_\_\_

Volunteer: \_\_\_ Head Coach \_\_\_ Asst. Coach \_\_\_ Fund raising \_\_\_ Field maintenance \_\_\_ League organizing

Uniform Size: (Circle one) Shirt:   YS   YM   YL   AS   AM   AL   AXL  
 (Circle one) Shorts:    YS   YM   YL   AS   AM   AL   AXL

LEAGUE AGE	NAME	LEAGUE FEES
6-7-8 years old	8-U	<b>No Refunds – No Requests Please</b>  <input type="checkbox"/> Sign-up at the Park Office - <b>\$35</b> 2/26/2011 and 3/5/2011  <input type="checkbox"/> Mail-In received by March 5 <sup>th</sup> - <b>\$40</b> <input type="checkbox"/> Mail-In received after March 5 <sup>th</sup> and by March 19 <sup>th</sup> – add <b>\$20</b> late fee.
9-10 years old	10-U	
11-12 years old	12-U	
13-14 years old	14-U	
15-16 years old	16-U	

Method of payment: \_\_\_\_\_ Cash Amount \_\_\_\_\_ Check # \_\_\_\_\_ Check Amount \_\_\_\_\_

Any questions please call Dale Moffitt 937-215-1974

***Please make checks payable to Urbana Youth Sports***

**Waiver**

I wish to have my child participate in the Urbana Youth Softball program. I have been informed about the program's requirements and I certify that my child suffers from no physical or mental conditions that would affect his/her participation in this program. I further agree that the Urbana Youth Softball program, Urbana Youth Sports, the City of Urbana or any other host organization will not be held responsible for any accident or injury occurring to my child while participating in this program, regardless of the game location. I understand that volunteers organize and operate this program, I understand that traveling to ball fields other than those at our own park are at my own risk and I agree that I will not make any claim or suit against the volunteers associated with Urbana Youth Sports, the Urbana Youth Softball program, the City of Urbana or any other host organization, whether for injury or any other reason.

**Permission to Treat in the Event of an Emergency**

I hereby grant permission to the City of Urbana, and the representatives of the Urbana Youth Softball program, to submit the above named participant to the proper medical treatment facility for treatment in the event of an emergency or life-threatening situation, only in the absence of a parent or guardian.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_