

# 80008 GIRLS SOFTBALL REGISTRATION FORM

**DUE TO THE LARGE NUMBER OF REGISTRANTS IN OUR YOUTH SPORTS PROGRAMS, SPECIAL REQUESTS FOR CERTAIN COACHES OR REQUESTS TO BE PUT ON TEAMS WITH SPECIFIC CHILDREN WILL NOT BE GRANTED.**

NAME \_\_\_\_\_  
 LAST FIRST MIDDLE

PARENT'S NAME: MOM \_\_\_\_\_ DAD \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUS. PHONE (DAD) \_\_\_\_\_ (MOM) \_\_\_\_\_

BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ CURRENT GRADE \_\_\_\_\_  
 MUST BE AT LEAST 5 YEARS OLD BY MAY 1st OF CURRENT YEAR  
 TO BE ELIGIBLE TO PARTICIPATE

UNIFORM SIZE	GIRLS	S (6/8)	M (10/12)	L (14/16)		
	LADIES	S (4/6)	M (8/10)	L (12/14)	XL (16/18)	2XL (20/22)
VISOR SIZE	YOUTH - ADJUSTABLE		ADULT - ADJUSTABLE			
SOCK SIZE	SMALL (4-5 1/2)		MEDIUM (5 1/2 - 10 1/2)		LARGE (10 1/2 & UP)	

Have you played league softball before? YES NO How many years? \_\_\_\_\_

What position or positions? (Please circle applicable) PITCHER CATCHER OUTFIELD  
 1ST BASE 2ND BASE 3RD BASE  
 SHORTSTOP

Is there any physical problem that the player's coach should be aware of? YES NO  
 If so, please explain \_\_\_\_\_

**PARENTS:**

Volunteer coaches, assistant coaches and team moms and dads are needed for this program to be successful. The Park District reserves the right to limit the number of teams if there are not enough coaches. Checking a specific area, does not guarantee a coaching or assistant coaching position. If the Park District is unable to secure coaches, we reserve the right to limit registration.

<u>COACH</u>	<u>ASSISTANT COACH</u>	<u>TEAM MOM/DAD</u>
FATHER _____	FATHER _____	FATHER _____
MOTHER _____	MOTHER _____	MOTHER _____

COACHES PLEASE PROVIDE US WITH YOUR EMAIL ADDRESS (IF APPLICABLE) FOR ANY GAME CHANGES OR CANCELLATIONS: \_\_\_\_\_

**LIABILITY WAIVER:**

PARTICIPANTS IN FRANKFORT SQUARE PARK DISTRICT ACTIVITIES ARE NOT COVERED BY MEDICAL OR ACCIDENT INSURANCE. EACH PARTICIPANT MUST FURNISH HER OWN PERSONAL COVERAGE. Many sports activities and programs have inherent elements of danger. Participant or parent permission is needed to call an ambulance in an emergency. As a participant (or as a parent of a participant under 18 years of age), I hereby agree to save harmless and indemnify the Frankfort Square Park District, its trustees and employees from any responsibility for any accident, injury or damage that may occur as a result of the participant's acts or omissions. In case of accident or sickness, I consent to emergency medical care provided by ambulance or hospital personnel.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_

---

OFFICE USE ONLY AMT RECEIVED _____	T-BALL (K-1ST) - BEFORE JANUARY 31 - \$50 R/\$70 NR INSTRUCTIONAL (2ND - 3RD) - BEFORE JANUARY 31 - \$55 R/\$75 NR INTERMEDIATE (4TH - 5TH) - BEFORE JANUARY 31 - \$60 R/\$80 NR OLDER DIVISIONS (6TH-8TH) - BEFORE JANUARY 31 - \$70 R/\$90 NR DEDUCT \$5 FOR SECOND AND THIRD CHILD **AFTER JANUARY 31ST - ADD \$10 TO FEE**
RECEIPT NO. _____	