

La Salle Softball 2020 Registration Form

Player's Name: _____ Returning New
Birth Date: _____ Age as of January 1, 2020: _____
Address: _____ **City:** _____ **Zip:** _____
School: _____ Use School Address
Sibling at the Same Level: _____

Parent/Guardian #1 Information:

Name: _____
Address (if different): _____

Phone: _____
Email: _____
 Volunteer: Coach Manager

Parent/Guardian #2 Information:

Name: _____
Address (if different): _____

Phone: _____
Email: _____
 Volunteer: Coach Manager

In Case of Emergency Contact: _____

Relationship to Player: _____ **Phone:** _____

Participation Agreement:

I understand that softball can be a strenuous activity and that my daughter's participation is voluntary. I will not hold the City of La Salle or La Salle Softball League board members, coaches, sponsors or volunteers responsible for any injury, or accident, involving my child during her participation in league-approved activities or transportation to such activities. I also give permission to any La Salle Softball League representative to request medical attention for my child in case of an emergency when I cannot be reached. If a player is deemed to be at risk of a concussion, they will not be allowed to play until a doctor's release has been provided.

Bullying, including cyber bullying, will not be tolerated. This includes any behavior that is determined by the LaSalle Softball Board to be offensive, abusive, threatening, or intimidating. Anyone (including players, coaches, parents, spectators, etc) found to be in violation of the anti-bullying policy will be immediately ejected from the league. I fully understand this policy and agree to refrain from and encourage my player to refrain from bullying by any methods.

I understand that this is a program of volunteers and to have my child participate, I will volunteer my time if needed and requested so that games are not forfeited due to lack of parental involvement. I agree to participate in league sponsored fundraisers and support my child's participation by getting them to games and practices on time and prepared to play.

I give my permission to share photographs of my child on the league website and Facebook page.

Authorized Parent/Guardian Signature

Date

Shirt: YS YM YL AS AM AL AXL AXXL

Pants: YS YM YL YXL AS AM AL AXL AXXL

----- League Use Only -----

League Fee: \$70 \$60 \$50 Late Fee (after 2/26): \$10 **Total Amount for Family:** \$ _____

Total Amount for this player: \$ _____ **Paid by:** Cash Check # _____ Credit Card Last 4: _____

Medical Concussion School **Registration Date:** _____ **Received by:** _____