

SOFTBALL REGISTRATION FORM

Player's Name _____ Date of Birth _____

Telephone _____ Age as of January 1, 2010 _____

Address _____ City _____

Parent/Guardian _____ Email _____

Alt. 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: Shirt: _____ YS _____ YM _____ YL _____ AS _____ AM _____ AL _____ AXL
 Shorts: _____ YS _____ YM _____ YL _____ AS _____ AM _____ AL _____ AXL

LEAGUE AGE	NAME	LEAGUE FEES
6-7-8 years old	8-U	No Refunds – No Requests Please <input type="checkbox"/> Sign-up at the Park Office - \$35 2/27/2010 and 3/6/2010 <input type="checkbox"/> Mail-In received by March 6 th - \$40 <input type="checkbox"/> Mail-In received after March 6 th and by March 20 th – add \$20 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

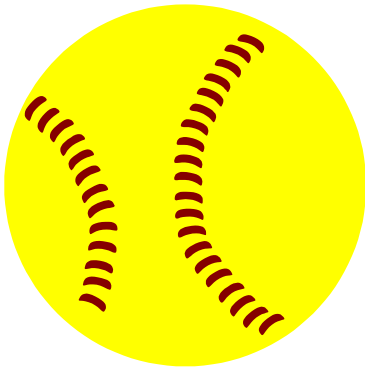
Waiver

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 _____



URBANA YOUTH SOFTBALL

**2010 Season sign-ups @ the Deck building by the
tennis courts at Melvin Miller Park**

9AM-2PM

Saturday February 27 and Saturday March 6

Open to all area girls ages 6-16

Practice starts week of April 5

Pictures Saturday May 1

Opening day is Saturday May 8

**New this year, we will be participating in the
Champaign Countywide League**

Age divisions: 8u, 10u, 12u, 14u, and 16u

**Will play teams from Graham, Mechanicsburg,
Kingscreek, and Triad**

All practices and most games will be in Urbana

Information meeting at Sparky's Pizza

Sunday March 7 at 2PM

Any questions please call 937-215-1974