



2012 GIRLS SOFTBALL REGISTRATION FORM (Ages 7-17)

Please return completed form and fee to your school no later than
Wednesday, March 14th.

**LATE REGISTRANTS ARE NOT GUARANTEED DUE TO NECESSARY
ORDERS THAT NEED TO BE COMPLETED.
PLEASE BE PROMPT TO ENSURE PARTICIPATION.**

All registrants should plan to attend the Spring Day Camp at the PCHS on March 18.
Detailed information on the back of this form.

PLEASE CHECK APPROPRIATE BOX:

MAKE CHECKS PAYABLE TO “PC YOUTH BASEBALL/SOFTBALL”

√	AGES/LEAGUES	FEE	LEAGUE
	GIRLS INSTRUCTIONAL (AGES 7-10 OR 10U) – COACH PITCH	\$40.00	PC HOUSE
	GIRLS 10U TRAVEL (AGES 9-10 OR 10U) – TRAVEL LEAGUE	\$75.00	NORTH COAST
	GIRLS 12U TRAVEL (AGES 11-12 OR 12U) TRAVEL LEAGUE	\$75.00	NORTH COAST
	GIRLS 14U (AGES 13-14 OR 14U) TRAVEL LEAGUE	\$75.00	NORTH COAST

AGES OF THE PLAYER ARE AS OF JANUARY 1, 2012
PLAYERS AGE: _____

CHILD’S NAME: _____ BIRTH DATE: _____
 ADDRESS: _____ CELL PHONE: _____
 SCHOOL: _____ CURRENT GRADE: _____ HOME PHONE: _____
 E-MAIL ADDRESS: _____ WORK PHONE: _____
 PREFERRED DOCTOR: _____ DR. PHONE #: _____
 SPECIAL MEDICAL NEEDS: _____
 COACH OF LAST YEAR’S TEAM: _____

CIRCLE APPROPRIATE SHIRT SIZE

<input type="checkbox"/> YT. SMALL (6-8)	<input type="checkbox"/> YT. MEDIUM (10-12)	<input type="checkbox"/> YT. LARGE (14-16)	<input type="checkbox"/> ADULT SMALL
<input type="checkbox"/> ADULT MEDIUM	<input type="checkbox"/> ADULT LARGE	<input type="checkbox"/> ADULT X-LARGE	<input type="checkbox"/> OTHER: _____

WAIVER BELOW MUST BE SIGNED

Your signature below indicates that to your knowledge the information given on this form is correct and that you have read and agree with the following waiver: In consideration for my child listed above being allowed to participate in the leagues checked above, I hereby waive all claims for injury or accident or liability of any kind and do hereby release Port Clinton City Schools, the City of Port Clinton and its Parks & Recreation Dept, and Port Clinton Youth Baseball, their employees, all managers, chaperons, sponsors, directors, officials or owners of the property on which the facility is located, from any claims, now or in the future, for such injury or accident. I likewise release from responsibility any person transporting my child to or from league activities. Also, I will furnish, if requested, a copy of the birth certificate of my child.

PARENT/GUARDIAN SIGNATURE: _____ DATE: __/__/__
 PRINT NAME: _____

PLEASE CHECK BOX IF YOU ARE WILLING TO ASSIST WITH ANY OF THE FOLLOWING:

<input type="checkbox"/> UMPIRE	<input type="checkbox"/> COACH	<input type="checkbox"/> ASST. COACH	<input type="checkbox"/> TEAM SPONSOR	<input type="checkbox"/> CONCESSIONS
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PAID \$ _____ CASH _____ CK# _____ DATE REC. __/__/__