

Girls Softball Registration

Return by March 10

Late fee of additional \$25.00 if received after March 10

FEES	
<input type="checkbox"/> City of Plymouth	<input type="checkbox"/> Township/Village of _____

Please choose one of the following (age as of Jan. 1):

Developmental (non-traveling)	Traveling	City	Out of City
____ City \$20.00	____ 10 & under league	\$40.00	\$45.00
____ Out of City \$25.00	____ 12 & under league	\$40.00	\$45.00
	____ 14 & under league	\$55.00	\$60.00

Player Information:

Name _____ Grade _____ Age _____ DOB _____

Address _____ City _____ Zip _____ Sex: M F

E-mail Address _____

SHIRT SIZE			
Adult: S	M	L	XL
Youth: S	M	L	XL

Softball past experience (years): _____

Last Year Coach/Team & League _____

Other siblings registering for softball: Name _____ Name _____

Want siblings on the same team? (Y or N)

Parent / Guardian:

Name _____ Relation _____ Work Phone _____

Address _____ City _____ Zip _____ Home Phone _____

Name _____ Relation _____ Work Phone _____

Address _____ City _____ Zip _____ Home Phone _____

Volunteer Information: *check all that apply			
<input type="checkbox"/> Coach	<input type="checkbox"/> Assistant Coach	<input type="checkbox"/> Registration	<input type="checkbox"/> \$25 Cash Donation
Plymouth Tournament (July 12-15):			
<input type="checkbox"/> Scoreboard	<input type="checkbox"/> Concessions	<input type="checkbox"/> Score Book	
<i>All volunteers will be contacted prior to the start of the season. With almost 500 children participating in our programs each year, the success of the Plymouth Youth Athletic Association is dependent on the volunteer support of its members. Please find either time to help or at least consider a donation. Thank you!</i>			

I, on behalf of myself, my estate or heirs and any other person who may have a claim as a result of my death, injury or disability (all hereinafter "Releasor"), hereby FOREVER RELEASE, DISCHARGE AND COVENANT NOT TO SUE the City of Plymouth, the Plymouth Youth Athletic Association Inc., its directors, officers, employees, insurers, agents and owners of any premises utilized by PYAA (all herein after "Releasee"), from any and all liabilities, claims, demands, or causes of action that I may hereafter have for injuries or damages arising out of my participation in the PYAA league, including, but not limited to losses caused by the passive or active negligence of the Releasee.

Releasor understands and acknowledges that the activities of PYAA have inherent dangers that cannot be eliminated. RELEASOR EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF PERSONAL INJURY, PERMANENT DISABILITY OR DEATH sustained while participating in the PYAA league, including the risk of passive or active negligence of the releasee or any other participant.

Releasor acknowledges and fully understands that each participant, including Releasor, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and that social and economic losses may result not only from Releasor's own action, not known or not reasonably foreseeable at this time. The undersigned does hereby represent that s/he is the parent or legal guardian of the PYAA participant and acting in such capacity agrees to the terms and conditions of the above waiver and release.

Signature of Parent/Legal Guardian _____

Please make checks payable to: Plymouth Youth Baseball (PYB) P.O. Box 251, Plymouth, WI 53073	Check amount & Number _____	Cash amount _____
	Medical Form _____	Code of Conduct _____